

1. ELIGIBILITY CRITERIA

A person is eligible for admission as an Affiliate Member of the College provided that they meet the requirements set out in Clause 5 of the Rules.

2. APPLICANT DETAILS

Title : _____ [Dr., Mr., Ms. etc]

Name: _____
[First name Middle name Family name]

Date of Birth: _____ [DD / MM / YYYY]

3. RESIDENTIAL ADDRESSES IN THE LAST 5 YEARS

Present Address : _____ _____ Dates of Residence (eg 2011 to 2015) _____

Previous Address : _____ _____ Dates of Residence : _____
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4. ACADEMIC QUALIFICATIONS

Qualifications for Affiliate Membership should include a suitable degree or appropriate diploma from an acceptable University or Institution; CIRCEA may accept other equivalent qualifications.

Year gained	Qualification	Abbreviation	Institution granting the qualification

5. MEMBERSHIP OF PROFESSIONAL BODIES

Year joined	Present grade	Professional body

6. PORTFOLIO AND CURRICULUM VITAE – ORDINARY MEMBERSHIP

Your portfolio shall clearly demonstrate consulting or management leadership through the following:

- i) Protocols in which the applicant claims proficiency.
- ii) Professional work experience in the area of expertise claimed.
- iii) General work experience throughout the applicant’s working life.
- iv) The applicant’s professional standing.

ATTACHED PORTFOLIO & CV.	No. of Pages >
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7. TWO REFEREES

To substantiate the applicant’s experience in the chosen field:

Name	Address	Facsimile	Telephone

8. INSURANCE POLICIES

Insured entity : _____		ABN : _____		
		ACN : _____		
Insurance	Insurance company	Actual Cover [Minimum cover]	Uninsured deductible ‡	Renewal date
Professional Indemnity ✧		[\$1,000,000].		
Public Risk		[\$10,000,000].		
Workers Comp		[As required by Law]		

INSURANCE REQUIREMENTS - Professional Indemnity Policy

✧ Must Cover

PI policy must be exclusive of costs and cover Libel & Slander, Previous Business, Fidelity, Outgoing Principals, Dishonesty, Loss of Documents, Breach of Fiduciary Duty, Trade Practices Act, Breach of Copyright, Working Arrangements, Joint Ventures and Automatic Reinstatement.

‡ Uninsured Deductible

The applicant should ensure that there are sufficient funds and/or assets to cover the PI policy uninsured deductible.

9. YOUR INVESTIGATORY BUSINESS DETAILS

Company Name & Business: _____	
Position & title : _____	Period of Employment: _____ (yrs)
Previous Position: _____	ABN : _____
Trading address : _____	
Postal address : _____	
Telephone [BH] : _____	Telephone [AH] : _____
Mobile : _____	E-mail : _____

10. OTHER BUSINESS INTERESTS

Provide, or attach if space is insufficient, details of any other business of which you are currently involved as a partner, director or sole trader.

11. AGREEMENT

I agree that the following items are true and binding on me:

- i) I will undertake the stipulated amount of approved Risk Management studies in my annual Continuing Professional Development Program in accordance with CIRCEA policy.
- ii) I will, as an Affiliate Member, establish and maintain a system of Risk Management in accordance with CIRCEA policy, and agree to be audited by the College Auditor.
- iii) I will pay CIRCEA the application fee, annual membership fee and any levies as approved by CIRCEA from time to time.
- iv) I will submit written proof, statements sworn or otherwise and copies of documents so required by CIRCEA.
- v) I will abide by the Rules of CIRCEA as approved from time to time.
- vi) I have had no criminal convictions within the preceding ten (10) years and agree that a criminal conviction would cause me to be automatically expelled from CIRCEA.

12. CERTIFICATION

I hereby apply for Affiliate Membership of the College of Investigative and Remedial Consulting Engineers, Australia (CIRCEA), and certify that the statements contained in this application are correct:

Signed _____
[Signature of applicant]

Witnessed by me _____
[Full name of witness]

of _____
[Full address of witness]

on _____ of _____ in the year of _____
[Day] [Month] [Year]

at _____
[Place at which signed]

_____ [Signature of Witness]

Please submit your Affiliate Membership application to:
The Hon. Secretary
CIRCEA
PO Box 6160
PYMBLE NSW 2073

COLLEGE OF INVESTIGATIVE AND REMEDIAL CONSULTING ENGINEERS OF AUSTRALIA