

PATHWAY 2 APPLICATION FORM (STAGE 1) ARCHITECTURAL DESIGNERS AND TECHNICIANS AND SOME OVERSEAS APPLICANTS

THIS COVER PAGE CONTAINS INFORMATION FOR THE APPLICANT, PLEASE READ BEFORE COMPLETING THE APPLICATION FORM

This application form is for:

- applicants with degrees in architecture that are not recognised by the NZRAB
- applicants who lack the required work experience
- architects registered in offshore jurisdictions other than Australia
- applicants with undergraduate qualifications in architecture, e.g. Bachelor of Architectural Studies (BAS) or Diplomas in Architectural Technology
- designers, architectural technicians, and those without any qualifications in architecture, but with significant work experience in architecture.

This application will be assessed by the Qualifications and Experience Assessment Panel (QEAP) who are experienced architects and academics. QEAs are based on the completed application form and required attachments. There are no interviews.

A QEA application requires:

- the form completed in full
- the required attachments (certified where necessary)
- the payment of the fee of NZ\$517.50 (GST included).

Instruction on how to use this form:

Ensure you are using the latest version of this application form from NZRAB's website.

Download and save this form to your computer and then enter the details.

All questions must be answered. Enter N/A if this is appropriate.

Some boxes have a maximum number of characters and you may have to edit your text to fit. Do not enter text outside of the box space provided.

Read the small printed guidance notes in each section where included.

The application form must be filled out in full and the required attachments (certified where necessary) provided.

Note: Documentation requiring certification must be authorised by the same person witnessing your declaration on this form.

All documentation:

Include all documents in their original orientation to enable them to be read without changing the orientation of the view.

All documents not in the English language must be translated by an authorised translator into English.

All documents requiring certification must be certified on every page by the same authorised witness who signs your statutory declaration on this application form. Electronically bookmark the first page of your application form and the first page only of each section of your attachments. Use the title of the section as referred to in the application form.

Remove this cover page prior to emailing your application form and required attachments. All other pages of the form must be sent to NZRAB.

Email your application as one A4, single sided, colour, PDF in Adobe Pro to: info@nzrab.org.nz.

Next steps:

On receipt of the complete application document and the fee, NZRAB will check everything.

Communications with you will be by email. Your replies must be to the NZRAB office only.

You will be contacted should there be a query with your application or once your application has been processed.

You will be advised when the next meeting will be held.

After the Assessment:

Once the assessment is completed, applicants receive a determination in writing. QEAP decisions are final.

The determination will either say that the applicant is ready for an initial registration assessment immediately, or specify additional study and/or work experience that is required. The determination stands for five years.

When applicants have completed any requirements as determined by the QEAP they will need to provide written evidence of this to NZRAB. The QEAP can then determine whether or not the applicant has met the conditions of the determination to enable them to proceed to apply for an initial registration assessment.

PATHWAY 2 ARCHITECTURAL DESIGNERS AND TECHNICIANS AND SOME OVERSEAS APPLICANTS APPLICATION FORM

Database No.	(Office use only)	
PERSONAL DETAILS Refers: Reg	gistered Architects Rules 2006, Schedule 1(a)	
Title (Mr, Ms, Miss)		
First Name		
Middle Name(s)		
Last Name		
Previous Last Name	change e.g. deed poll, marria	Provide certified proof of name age certificate - certified by the sign your statutory declaration)
Preferred First Name		
Previous Application:	Have you applied before? Yes No Date if know	n
PERSONAL CONTACT DETAILS	(This is your private address). Refers: Registered Architects Rules 2006, Schedule 1(b)	
Suite, Flat or Apartment No.		
Street Address		
Suburb		
City / State		
Post Code	corre	(Check that you are using the ct post code for your address)
Country		
Email: Preferred		
Phone		
Phone Mobile		
Mobile	YSICAL ADDRESS (This is the physical address of your practice or work)	
Mobile PRACTICE OR COMPANY PHY	YSICAL ADDRESS (This is the physical address of your practice or work)	
Mobile PRACTICE OR COMPANY PHY Practice or Company Name	YSICAL ADDRESS (This is the physical address of your practice or work)	
Mobile PRACTICE OR COMPANY PHY	YSICAL ADDRESS (This is the physical address of your practice or work)	
Mobile PRACTICE OR COMPANY PHY Practice or Company Name Suite or Unit No.	YSICAL ADDRESS (This is the physical address of your practice or work)	
Mobile PRACTICE OR COMPANY PHY Practice or Company Name Suite or Unit No. Street Address	YSICAL ADDRESS (This is the physical address of your practice or work)	
Mobile PRACTICE OR COMPANY PHY Practice or Company Name Suite or Unit No. Street Address Suburb		(Check that you are using the set post code for your address)
Mobile PRACTICE OR COMPANY PHY Practice or Company Name Suite or Unit No. Street Address Suburb City / State		(Check that you are using the ct post code for your address)
Mobile PRACTICE OR COMPANY PHY Practice or Company Name Suite or Unit No. Street Address Suburb City / State Post Code		(Check that you are using the ct post code for your address)

Work - Direct Dial

PRACTICE OR COMPANY POSTAL ADDRESS (This is the postal address of your practice or work if different from above)

PO Box	
Suburb	
City / State	
Post Code	(Check that you are using the correct post code for your address)
Country	

DATE AND PLACE OF BIRTH Refers: Registered Architects Rules 2006, Rule 8, Schedule 1(c)

Date of Birth (dd/mmmm/yyyy)				
Country of Birth				
Nationality				
Gender	Male	Female	Other	Decline to Answer
How long have you resided in New Zealand? (years/months)				
How long have you worked in the architectural field in New Zealand?				
Indicate the address you would	Tick one box only			
prefer to receive communication from NZRAB.	Personal; or			
	Practice or Compa	any		

TERTIARY QUALIFICATIONS Refers: Registered Architects Rules 2006, Rule 9(a)(i)

List all your relevant tertiary qualifications; for example University Degrees or Diplomas.

Attach a certified copy of your tertiary qualification(s) to this application and, if the degree is not recognised by NZRAB, a certified copy of your academic transcript(s) from the institution(s) showing the names of the papers or courses taken by year and grades/points obtained must be included. If your tertiary qualification and academic transcript was not issued in English then you must also provide an official transcript into the English language. The English translation must be carried out by an authorised translator. All pages of the tertiary qualifications, academic transcripts and English translations must be certified by the same person witnessing your declaration on this form.

If more than two qualifications, include these on a separate piece of paper in the same format as below and insert behind this page.

Qualification	Qualification
Name of Institution	Name of Institution
Institution Web Address www.	Institution Web Address www.
Country	Country
Date Awarded (dd/mm/yyyy)	Date Awarded (dd/mm/yyyy)

QUALIFICATIONS

In the following table, identify which papers or courses in your qualification(s) cover the following topics. Enter your highest level course/paper points/grades in each subject. If your courses or papers did not cover some of these topics please leave that line blank. This information must be entered here, do not enter refer to attached.

	Course or	Course or	Points/Grades value
	Paper Number	Paper Name	if/where known
Architectural design			
Building construction and materials			
Structures			
Building environment and services			
Sustainability principles			
History of architecture			
Theory of architecture			
Professional practice principles			
Communication			
Design in the urban context			
Light timber framed construction			
Seismic design			

CURRICULUM VITAE Refers: Registered Architects Rules 2006, Rule 9(b)

Attach your Curriculum Vitae (CV) outlining a chronological summary of your overall career history, the most recent practice first.

The CV should be arranged by the name of the architectural practice, period employed there including month/year started/finished, your position or role within the practice, name of the projects worked on, location, type of project, project value and your role in the project. Note where the work was full time, part-time or approx. hours per week. Also identify within the practice where in your work experience you have covered the following:

- architectural design,
- building construction and materials,
- structures,
- building environment and services,
- sustainability principles,
- design in an urban context,
- light timber framed construction, and
- seismic design.

PROJECT RECORD FORMS (The Panel is looking for your involvement across all of the experience areas). NZRAB Initial Registration Policy.

Attach Project Record Forms (PRF's) for any period working in New Zealand or in other countries prior to making this application. Include PRF's covering a total of at least 5,250 hours. If you have sufficient PRF's covering the required hours then do not include PRF's where work was completed more than five years ago. (Project Record Forms are available on the Board's website)

Number of forms attached:

EXPERIENCE PORTFOLIO Refers: NZRAB Initial Registration Policy

Attach a portfolio to indicate a range of your work in digital pdf form which must be no more than 10 x A4 pages (including any cover page), covering a maximum of five of your recent projects in your CV. The portfolio should primarily reflect your own work including evidence of your own design, sketches, development as well as captioning required to identify your role in collaborative design work. It is helpful to include text on the page referring to the project.

REFEREES Refers: Registered Architects Rules 2006, Rule 8, Schedule 1(e)

Record the contact details of two independent referees. "Independent" means **not** a family member or friend. The referees should be employers, clients or consultants. One referee must not be from your current place of work. An NZRAB Board member, QEAP member or Assessor cannot be a referee. That apart, you are entitled to nominate whoever you wish. Do not send written references.

Name	
Relationship	
Phone	
Email	
Name	
Relationship	
Phone	
Email	

REGISTRATION AS AN ARCHITECT, ARCHITECTURAL DESIGNER OR TECHNICIAN OTHER JURISDICTIONS

Refers: Registered Architects Rules 2006, 9(a)(ii)

Attach certified copies of your registration/licensure as an Architect, Architectural Designer or Technician in other jurisdictions overseas or in New Zealand. An English translation of the certificate must also be provided by an authorised translator, if the original is not issued in English. Do not include membership organisations.

Registration Authority Name/s	Register Web Address	Date of Initial Registration/s	Registration No/s	What is your current registration status

CONVICTIONS Refers: Registered Architects Rules 2006, Rule 8 Schedule 1(g)

Provide details of any convictions by any Court, in New Zealand or elsewhere, for an offence punishable by imprisonment for a term of six months or more.

ENGLISH LANGUAGE ABILITY Refers: NZRAB Initial Registration Policy

Attach evidence of competence in the English language, where you do not have a five year architectural degree from a NZRAB recognised tertiary institute (as listed for Pathway 1 applicants). The only evidence options accepted are:

- an International English Language Testing System (IELTS) certificate with an overall band score of at least 7.5 with a minimum of 7 in each of the bands speaking, listening, writing and reading; or
- a letter from your current New Zealand architectural employer confirming that your English is satisfactory in the context of practising architecture. This letter must have been issued no more than six months prior to submitting your application.

PHOTOGRAPHIC ID

Attach a certified colour photographic ID with this application (e.g. current drivers licence, passport, etc). This ID must be in colour, show your date of birth, have an expiry date and contain a recent colour photograph of you. The copy must be certified by the same person authorised to sign your statutory declaration.

DISABILITY

Inform the Board in writing and provide evidence of any disability that you would like considered during your assessment process (e.g. dyslexia).

FOR STATISTICAL PURPOSES

How many New Zealand Registered Architects are employed in the practice you work in?				
Tick your ethnicity				
NZ European	Cook Island Maori	Chinese	Other:	
Maori	Tongan	Indian		
Samoan Niuean Decline to answer				

ATTACHMENTS CHECKLIST

Each field in the application form is completed, even if this is N/A (Not applicable)

Certified proof of change of name is attached (if applicable)

Certified copy of each of your tertiary qualification(s) and academic transcript(s) is/are attached

Certified copy of each of your tertiary qualifications and academic transcipts in the English language is/are attached (if applicable) Curriculum vitae is attached

Project Record Forms are attached

A portfolio (Maximum 10 x A4 pages) is attached

Evidence of registration as an Architect in other jurisdictions is/are attached (if applicable)

Evidence of competence in the English language is/are attached (if applicable)

Certified colour photographic ID is attached

Evidence of any disability is attached (if applicable)

Advice on how the fee has been paid (Credit card/direct credit)

FEE Refers: Registered Architects Rules 2006, Schedule 2

The fee for a Pathway 2, Stage 1 (QEA), Architectural Designers and Technicians and some Overseas Applicants is **NZ\$517.50** incl GST.

A complete application includes the fee and the application will not be processed until the fee is received in full.

Payment can be made by either of the following methods:

• Visa or MasterCard credit cards through the facility on the Board's website www.nzrab.nz/store/. In the 'extra info' box enter **'P2 QEAP'** and your **'last name'**.

or

 Electronic transfer to: NZRAB – ASB – Key accounts, Wellington. Use as a bank transfer reference 'P2 QEAP' and your 'last name'.

NZRAB BANK DETAILS:

12	3192	0032560	00
Bank	Branch	Account	Suffix

Note: For payments made from overseas banks the Swift Code is **ASBBNZ2A**. Instruct your bank that, in addition to your fee, you will also pay the bank charges for both your bank and the NZRAB's receiving bank in New Zealand.

Indicate the method of payment and date payment made:

Method of payment (Tick one box only)	Visa	MasterCard	Electronic Transfer	
Date payment made (dd/mm/yyyy)				

An invoice is not provided however, should you require a GST receipt, please request one in your covering email when submitting your application.

Remember to complete and include the checklist items above.

Retain a copy for your records.

DECLARATION Refers: Registered Architects Rules 2006, Schedule 2

The following declaration must be completed and signed in the presence of a person authorised to witness Statutory Declarations (see below). All information on this page must be printed by hand in front of your authorised witness. Do not type any information on this page. This person must be independent of you (e.g. not a relative, partner or friend).

Applicant:

I, (Print Full Name)

do solemnly and sincerely declare that:

- all the information contained in this application and the attachments is true and correct
- a certified copy of my change of name is attached (if applicable)
- · a certified copy of my tertiary qualification/s and/or academic transcript/s is/are attached and English translations
- a certified copy of my registration/license and English translation(s) (if applicable)
- · a certified colour copy of my photographic ID is attached
- I understand that the personal information supplied in this form has been collected for a lawful purpose connected with a function or activity of the NZRAB and it is necessary to collect this information for that purpose
- and I make this solemn declaration conscientiously believing the same to be true, and by virtue of the Oaths and Declarations Act 1957.

Signature of			
Applicant:			
Date:			
Authorised Witne	ess:*		
	ove declaration, checked and certified the copies documents must all be certified by the same auth	s of the documentation listed above. horised witness who signs this application form).	
Declared at (City):			
This:	day of	20	
before me a:			Peace/ Solicitor/ Lawyer verson authorised to take a statutory declaration)
Signature:			
Print Full Name:			
An authorised pe	erson may be one of the following:		
 a registered Just 	ice of the Peace		
 a Lawyer 			
 a Notary Public 			
 a Police Officer a 	authorised to take such declarations		

an authorised person at a New Zealand Embassy or High Commission

For further information:

Visit www.nzrab.nz, E-mail info@nzrab.org.nz, Phone +64 4 471 1336