

Continuing Professional Development for those Working towards Registration **APPLICATION FORM**

- Fill in this application form to participate in the **CPD for those Working towards Registration** programme. If at all possible, type your responses in the space available or ensure your handwriting is legible.
- Please email your completed form to cpd@nzrab.org.nz.
- Once your form has been processed, the NZRAB will advise by email the next steps.
- If you have any further questions, please contact the CPD Administrator by phone 04 471 1336 (select option 2 for CPD enquiries) or by email cpd@nzrab.org.nz.

PERSONAL DETAILS				
Title				
First name				
Middle name(s)				
Last name				
Preferred name(s)				
Previous name(s) (if applicable)				
Gender (tick)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Gender Diverse	<input type="checkbox"/> Decline to answer
Date of birth (format: DD/MM/YYYY)				
Place of birth (country)				
Ethnicity (tick as many options as are applicable)	<input type="checkbox"/> NZ European	<input type="checkbox"/> NZ Māori		
	<input type="checkbox"/> Samoan	<input type="checkbox"/> Cook Island Māori		
	<input type="checkbox"/> Tongan	<input type="checkbox"/> Niuean		
	<input type="checkbox"/> Chinese	<input type="checkbox"/> Indian		
	<input type="checkbox"/> Other (please specify in space below)	<input type="checkbox"/> Decline to answer		

CONTACT DETAILS	
Address	
Suburb	
City	
Post code	
Country (if outside of NZ)	
Email	
Mobile number	
Daytime telephone contact number (if different from mobile number)	

ACCESSING CPD	
Why are you seeking access to the CPD system / website?	
Tick ONE of the following that best describes your reasoning:	
<input type="checkbox"/> Architectural graduate with a recognised NZ tertiary qualification	
<input type="checkbox"/> <u>Either</u> had <u>or</u> working towards a QEAP (Pathway 2) determination	
<input type="checkbox"/> NZIA Emerge Group or Graduate Development Programme participant	
<input type="checkbox"/> Intended future registrant	
<input type="checkbox"/> Other (please specify in blank space to the right)	

Signature	
Date	

OFFICE USE ONLY	
Date rec'vd	
Database #	