**Independently Qualified Pool Inspector Public Register – Company Application Form**

This application form is for a company to apply to be on the pool inspector public register.

You should use this form if you are concerned in the management of a company and want your workers carry out pool barrier inspections.

To apply for your company to be on the pool inspector public register:

1. For each person concerned in the management of the company, obtain a copy of his/her criminal record from the Ministry of Justice ( [[how-to-get-a-copy-of-your-criminal-conviction-history](http://www.justice.govt.nz/services/criminal-records/how-to-get-a-copy-of-your-criminal-conviction-history)](http://www.justice.govt.nz/services/criminal-records/get-a-copy-of-your-criminal-record%200) ). This may take up to 20 working days. If you already have a copy of your criminal record that is dated no earlier than 6 months of this application, you may use this.
2. Complete this application form and the signatory section for those who will carry out pool barrier inspections on behalf of the company.
3. **Send us your completed forms and copy of criminal record and other items requested.** You can either:
	* save and email to: poolinspectors@mbie.govt.nz
	* post to:

Consumer Protection and Standards Branch – Pool Inspectors Register

Ministry of Business, Innovation and Employment

PO Box 1473

Wellington 6011

The fee for an application for registration is $345.00 (inclusive of GST). We will invoice you for payment of the fee on receipt of your completed application (please do **not** send a cheque with your application). Payment of the fee is required before your application can be assessed and your registration authorised.

Please complete the form (next page) using the fillable fields. Please note you will need to print and sign the pages that require a signature.

Items marked with ⇨ are additional information that will assist with the processing of your application; all other items are mandatory information required by the Ministry of Business, Innovation and Employment. Items marked with \* will display on the Pool Inspector Public Register.

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| ***Attachments*** |
| ***Please ensure the following items are attached before sending your application:*** |
| 1. **Additional Persons Concerned in the Management of the Company forms (if required)**
 | [ ]  |
| 1. **Criminal History Checks for each Person Concerned in the Management of the Company**
 | [ ]  |
| 1. **Signatory forms for each person who will conduct pool inspections on behalf of the Company**
 | [ ]  |
| 1. **Letters of reference - signed and dated by referee**
 | [ ]  |

**Privacy Notice:** Any personal information submitted on this application that the Registrar determines is not required for public inspection will be kept by the Consumer Protection and Standards Branch (CP&S) in accordance with the New Zealand Privacy Act 1993. Personal information will be used by the CP&S for determining whether application for registration as a Pool Inspector may be granted, and for the maintenance and administration of the Pool Inspectors Public Register. You may request access to see any information held about you and where that information is inaccurate, ask for it to be corrected.

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| ***Company Details*** |
| **\*Company Name:** | Click here and enter Trading Name. |
|  | **Name of the company or trading name of the Pool Barrier Inspector business** |
| **\*Trading Name:** | Click here and enter Trading Name. |
|  | **Trading name of the company if different from the Company Name** |
| **⇨Entity Type:** | [ ]  **New Zealand Company**  |       |
|  | **If NZ Company please provide company or NZBN Number** |
|  | [ ]  **Other – Please specify** |       |
| **\*Principal Place of Business** (Must be in New Zealand) |
| **Street Number & Name:** | Click here and enter Street Number & Name. |
| **Suburb:** | Click here and enter Suburb. |
| **City:** | Click here and enter City. |
| **⇨Postal Address** (If different from above) |
| **Street/PO Box/Pvt Bag:** | Click here and enter Street Number & Name. |
| **Suburb:** | Click here and enter Suburb. |
| **City:** | Click here and enter City. |

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| ***Pool Inspector Public Register Details*** |
| **In addition to your company name and principal place of business, the following details will display on the public register.** |
| ***\* Address for Service*** |
| **The Address for Service must be a New Zealand street address (PO Box, Private Bag, Document Exchanges or Rural delivery address are not acceptable)** |
| ***Street Number and Name:*** | Click here and enter Street Number & Name. |
| ***Suburb:*** | Click here and enter Suburb. |
| ***City:*** | Click here and enter City. |
| ***\*Business Phone Number:*** | Click here and enter Phone Number. |
| ***\*Business Email Address:*** | Click here and enter Email Address.  |
| ***\*Regional locations covered:*** | [ ]  **Northland** | [ ]  **Auckland** |
|  | [ ]  **Waikato** | [ ]  **Bay of Plenty** |
|  | [ ]  **Gisborne** | [ ]  **Hawkes Bay** |
|  | [ ]  **Taranaki** | [ ]  **Manawatu / Wanganui** |
|  | [ ]  **Wellington** | [ ]  **Nelson / Tasman** |
|  | [ ]  **Marlborough** | [ ]  **West Coast** |
|  | [ ]  **Canterbury** | [ ]  **Otago** |
|  | [ ]  **Southland** |  |

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| ***Application Contact*** |
| **Name of Application Contact**: | Click here and enter name |
| **Phone Number:** | Click here and enter Phone Number. |
| **Mobile Phone Number:** | Click here and enter Phone Number. |
| **Email Address:** | Click here and enter Email Address.  |

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| ***Signatories*** |
| ***Please provide a list of the people that complete pool barrier inspections on behalf of the company. Each person listed below must complete the form: Independently Qualified Pool Inspector Public Register – Signatory Application Form.*** |
| ***\*Full Name*** | ***Date of Birth*** | ***Form attached*** |
| Click here and enter Legal/Family Name. | Click here and enter or type date. | [ ]  |
| Click here and enter Legal/Family Name. | Click here and enter or type date. | [ ]  |
| Click here and enter Legal/Family Name. | Click here and enter or type date. | [ ]  |
| Click here and enter Legal/Family Name. | Click here and enter or type date. | [ ]  |
| Click here and enter Legal/Family Name. | Click here and enter or type date. | [ ]  |

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| ***Persons Concerned in the Management of the Company*** |
| ***Every Director (as defined in section 126 of the Companies Act 1993) and the Chief Executive of the company) or any person occupying the equivalent position) are the ‘persons concerned in the management of the company’.******Each of them must be named in this section, and the required information provided.******Each of them must personally complete the person declarations.******If there are more than three persons concerned in the management of the company; please copy the details sheet and attach the completed sheets.*** |

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| ***Persons Concerned in the Management of the Company*** |
| ***Person Details - One*** |  |
| ***Position Held:*** | [ ]  **Director** | [ ]  **Chief Executive** | [ ]  **Other - Please specify** |       |
| ***Legal/Family Name:*** | Click here and enter Legal/Family Name. |
| ***Legal First/Given Name:*** | Click here and enter Legal First/Given Names. |
| ***Date of Birth:*** | Click here and enter or type date. |
| ***Residential Address***  |  |
| ***Street Number & Name:*** | Click here and enter Street Number & Name. |
| ***Suburb:*** | Click here and enter Suburb. |
| ***City:*** | Click here and enter City. |
| ***Country:*** | Click here and enter Country. |
| ***Conditions of registration*** |
| **Please answer the questions below to the best of your knowledge and belief.** **If you answer yes to any of the question 1-3, you do not meet the conditions of registration.****If you answer yes to any of the questions 4-5, the Registrar will contact you for further information.** |
| 1. Are you under 18 years of age?
 | [ ]  **Yes** | [ ]  **No** |
| 1. Are you an undischarged bankrupt?
 | [ ]  **Yes** | [ ]  **No** |
| 1. Are you prohibited from being a director, or being concerned or taking part in the management of, an incorporated or unincorporated body under any enactment or order made under any enactment?
 | [ ]  **Yes** | [ ]  **No** |
| 1. Have you been convicted of a crime?

Note: Criminal Convictions must be declared unless they are exempt under the Criminal Records (Clean Slate) Act 2004. | [ ]  **Yes** | [ ]  **No** |
| 1. Have you been subject to any preliminary investigations or action that might lead to disciplinary proceedings relating to any offence under the Building Act 2004?
 | [ ]  **Yes** | [ ]  **No** |

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| ***Declaration*** |
| I Click here and enter full name, address, and occupation solemnly and sincerely declare that the statements contained in this form are true. 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 person making the declaration............................................................................................... Declared at (place)....................................................................................., on (day).............. Of (month).................................. (Year) 20........ **Justice of the Peace, barrister and solicitor of the High Court, or other person authorised by law to take statutory declarations (in printed letters)**Before me (full name)............................................................................................................................................................... Qualification...............................................................................................................................................................Address...............................................................................................................................................................[Signature of person before whom the declaration is made] ................................................................................................................................................................................................................. |
| ***Persons Concerned in the Management of the Company*** |
| ***Person Details - Two*** |  |
| ***Position Held:*** | [ ]  **Director** | [ ]  **Chief Executive** | [ ]  **Other - Please specify** |       |
| ***Legal/Family Name:*** | Click here and enter Legal/Family Name. |
| ***Legal First/Given Name:*** | Click here and enter Legal First/Given Names. |
| ***Date of Birth:*** | Click here and enter or type date. |
| ***Residential Address***  |  |
| ***Street Number & Name:*** | Click here and enter Street Number & Name. |
| ***Suburb:*** | Click here and enter Suburb. |
| ***City:*** | Click here and enter City. |
| ***Country:*** | Click here and enter Country. |
| ***Conditions of registration*** |
| **Please answer the questions below to the best of your knowledge and belief.** **If you answer yes to any of the question 1-3, you do not meet the conditions of registration.****If you answer yes to any of the questions 4-5, the Registrar will contact you for further information.** |
| 1. Are you under 18 years of age?
 | [ ]  **Yes** | [ ]  **No** |
| 1. Are you an undischarged bankrupt?
 | [ ]  **Yes** | [ ]  **No** |
| 1. Are you prohibited from being a director, or being concerned or taking part in the management of, an incorporated or unincorporated body under any enactment or order made under any enactment?
 | [ ]  **Yes** | [ ]  **No** |
| 1. Have you been convicted of a crime?

Note: Criminal Convictions must be declared unless they are exempt under the Criminal Records (Clean Slate) Act 2004. | [ ]  **Yes** | [ ]  **No** |
| 1. Have you been subject to any preliminary investigations or action that might lead to disciplinary proceedings relating to any offence under the Building Act 2004?
 | [ ]  **Yes** | [ ]  **No** |

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| ***Declaration*** |
| I Click here and enter full name, address, and occupation solemnly and sincerely declare that the statements contained in this form are true. 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 person making the declaration............................................................................................... Declared at (place)....................................................................................., on (day).............. Of (month).................................. (Year) 20........ **Justice of the Peace, barrister and solicitor of the High Court, or other person authorised by law to take statutory declarations (in printed letters)**Before me (full name)............................................................................................................................................................... Qualification...............................................................................................................................................................Address...............................................................................................................................................................[Signature of person before whom the declaration is made] ................................................................................................................................................................................................................. |
| ***Persons Concerned in the Management of the Company*** |
| ***Person Details - Three*** |  |
| ***Position Held:*** | [ ]  **Director** | [ ]  **Chief Executive** | [ ]  **Other - Please specify** |       |
| ***Legal/Family Name:*** | Click here and enter Legal/Family Name. |
| ***Legal First/Given Name:*** | Click here and enter Legal First/Given Names. |
| ***Date of Birth:*** | Click here and enter or type date. |
| ***Residential Address***  |  |
| ***Street Number & Name:*** | Click here and enter Street Number & Name. |
| ***Suburb:*** | Click here and enter Suburb. |
| ***City:*** | Click here and enter City. |
| ***Country:*** | Click here and enter Country. |
| ***Conditions of registration*** |
| **Please answer the questions below to the best of your knowledge and belief.** **If you answer yes to any of the question 1-3, you do not meet the conditions of registration.****If you answer yes to any of the questions 4-5, the Registrar will contact you for further information.** |
| 1. Are you under 18 years of age?
 | [ ]  **Yes** | [ ]  **No** |
| 1. Are you an undischarged bankrupt?
 | [ ]  **Yes** | [ ]  **No** |
| 1. Are you prohibited from being a director, or being concerned or taking part in the management of, an incorporated or unincorporated body under any enactment or order made under any enactment?
 | [ ]  **Yes** | [ ]  **No** |
| 1. Have you been convicted of a crime?

Note: Criminal Convictions must be declared unless they are exempt under the Criminal Records (Clean Slate) Act 2004. | [ ]  **Yes** | [ ]  **No** |
| 1. Have you been subject to any preliminary investigations or action that might lead to disciplinary proceedings relating to any offence under the Building Act 2004?
 | [ ]  **Yes** | [ ]  **No** |

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| ***Declaration*** |
| I Click here and enter full name, address, and occupation solemnly and sincerely declare that the statements contained in this form are true. 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 person making the declaration............................................................................................... Declared at (place)....................................................................................., on (day).............. Of (month).................................. (Year) 20........ **Justice of the Peace, barrister and solicitor of the High Court, or other person authorised by law to take statutory declarations (in printed letters)**Before me (full name)............................................................................................................................................................... Qualification...............................................................................................................................................................Address...............................................................................................................................................................[Signature of person before whom the declaration is made] ................................................................................................................................................................................................................. |

**Independently Qualified Pool Inspector Public Register – Signatory Application Form**

You should use this form if you wish to carry out pool barrier inspections on behalf of a company. To apply:

1. Obtain a copy of your criminal record from the Ministry of Justice (see [[how-to-get-a-copy-of-your-criminal-conviction-history](http://www.justice.govt.nz/services/criminal-records/get-a-copy-of-your-criminal-record%200)](http://www.justice.govt.nz/services/criminal-records/how-to-get-a-copy-of-your-criminal-conviction-history)). This may take up to 20 working days. If you already have a copy of your criminal record that is dated no earlier than 6 months of this application, you may use this. Do not apply until you have a copy of your criminal record.
2. Complete this signatory application form and ensure your name is listed in the signatories section of the application form of the company.

Please complete the form (next page) using the fillable fields (please note you will need to print and sign page 12 in order to sign the required declaration).

Items marked with ⇨ are additional information that will assist with the processing of your application; all other items are mandatory information required by the Ministry of Business, Innovation and Employment. Items marked with \* will display on the Pool Barrier Inspectors Register.

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| ***Attachments*** |
| ***Please ensure the following items are attached before sending your application:*** |
| 1. **Criminal History Check**
 | [ ]  |
| 1. **Evidence of inspections completed**
 | [ ]  |
| 1. **Copies of qualifications and training (if any)**
 | [ ]  |

**Privacy Notice:** Any personal information submitted on this application that the Registrar determines is not required for public inspection will be kept by the Consumer Protection and Standards Branch (CP&S) in accordance with the New Zealand Privacy Act 1993. Personal information will be used by the CP&S for determining whether application for registration as a pool inspector signatory for a company may be granted, and for the maintenance and administration of the Pool Inspector Register. You may request access to see any information held about you and where that information is inaccurate, ask for it to be corrected.

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| ***Signatory Details*** |
| **\*Legal/Family Name:** | Click here and enter Legal/Family Name. |
| **\*Legal First/Given Names:** | Click here and enter Legal First/Given Names. |
| **Residential Address:** |
| **Street Number & Name:** | Click here and enter Street Number & Name. |
| **Suburb:** | Click here and enter Suburb. |
| **City:** | Click here and enter City. |

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| ***Business Details*** |
| **Business/Trading Name:** | Click here and enter Trading Name. |
|  | **Name of the business or trading name of the Pool Barrier Inspector business** |
| **Principal Place of Business** (Must be in New Zealand) |
| **Street Number & Name:** | Click here and enter Street Number & Name. |
| **Suburb:** | Click here and enter Suburb. |
| **City:** | Click here and enter City. |

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| ***Signatories Contact Details*** |
| **Phone Number:** | Click here and enter Phone Number. |
| **Mobile Phone Number:** | Click here and enter Phone Number. |
| **Email Address:** | Click here and enter Email Address.  |

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| ***Training*** |
| ***Please list relevant training in pool barrier inspections and/or other compliance inspection completed within the past five years.*** |
| ***Dates of training*** | ***Training provider*** | ***Course outline*** |
| ***From:*** Click here to enter a date.***To:*** Click here to enter a date. | Click here to enter Training provider. | Click here to enter Course outline. |
| ***Dates of training*** | ***Training provider*** | ***Course outline*** |
| ***From:*** Click here to enter a date.***To:*** Click here to enter a date. | Click here to enter Training provider. | Click here to enter Course outline. |

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| ***Qualifications*** |
| ***Please list relevant qualifications held in relation to pool barrier inspections and/or other compliance inspection. Please attach copies of evidence of qualifications held.*** |
| ***Date completed and course duration***  | ***Training provider*** | ***Course outline/Qualification held*** |
| Click here to enter a date. | Click here to enter Training provider. | Click here to enter Course outline/Qualification held |
| Click here to enter course duration. | Click here to enter Training provider. | Click here to enter Course outline/Qualification held |

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| ***Professional and/or Association Memberships*** |
| ***Please list relevant professional and/or association memberships you hold.*** |
| ***Membership details*** | ***Body*** | ***Description*** |
| Click here to enter Membership details. | Click here to enter Body. | Click here to enter Description. |

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| ***Referees*** |
| ***Please include a written reference for each of the referees provided below. Your referee must know you and your relevant work experience and should address the following details:*** * ***How they know you***
* ***How they would rate the quality of your work***
* ***How they would rate your interpersonal communication skills***
* ***How they would rate your record keeping/written skills***
* ***How you respond to feedback***
* ***How they would rate your knowledge of building/pool legislation***
* ***Could they comment on your integrity***
* ***Any additional information they wish to share about you in relation to the application***
 |
| ***Referee 1*** |
| **Name of referee:** | Click here to enter Name of referee. |
| **Role or profession:** | Click here to enter Role or profession. |
| **Daytime phone number:** | Click here to enter Daytime phone number. |
| **Mobile Phone:** | Click here to enter Mobile Phone. |
| **Email:** | Click here to enter Email. |
| **Best time to contact:** | Click here to enter Best time to contact. |
| ***Referee 2*** |
| **Name of referee:** | Click here to enter Name of referee. |
| **Role or profession:** | Click here to enter Role or profession. |
| **Daytime phone number:** | Click here to enter Daytime phone number. |
| **Mobile Phone:** | Click here to enter Mobile Phone. |
| **Email:** | Click here to enter Email. |
| **Best time to contact:** | Click here to enter Best time to contact. |

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| ***Relevant Inspection Work History/Experience*** |
| ***Please list relevant work experience in pool barrier inspections and/or other compliance inspection completed within the past five years.*** |
| ***Work History*** |
| **Employed from/to:** | ***From:*** Click here to enter a date.***To:*** Click here to enter a date. |
| **Job title:** | Click here to enter Job title. |
| **Employer/Self-employed:** | Click here to enter Employer/Self-employed. |
| **Location:** | Click here to enter Location. |
| **Range of work and responsibilities:**Click here to enter Range of work and responsibilities. |
| ***Work History*** |
| **Employed from/to:** | ***From:*** Click here to enter a date.***To:*** Click here to enter a date. |
| **Job title:** | Click here to enter Job title. |
| **Employer/Self-employed:** | Click here to enter Employer/Self-employed. |
| **Location:** | Click here to enter Location. |
| **Range of work and responsibilities:**Click here to enter Range of work and responsibilities. |
| ***Work History*** |
| **Employed from/to:** | ***From:*** Click here to enter a date.***To:*** Click here to enter a date. |
| **Job title:** | Click here to enter Job title. |
| **Employer/Self-employed:** | Click here to enter Employer/Self-employed. |
| **Location:** | Click here to enter Location. |
| **Range of work and responsibilities:**Click here to enter Range of work and responsibilities. |

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| ***Examples of Inspections*** |
| ***Please provide details of two inspections completed within the past 24 months.******If available, please provide copies of records relating to these inspections.*** |
| ***Example 1*** |
| ***Date of inspection*** | ***Inspection Type*** | ***Regime or legislation relating to the inspection*** |
| Click here to enter a date. | Click here to enter Inspection Type. | Click here to enter Regime or legislation relating to the inspection. |
| ***Location*** | ***Relevance to pool barrier inspections*** | ***Activities completed during the inspection and the inspection outcome*** |
| Click here to enter Location. | Click here to enter Relevance to pool barrier inspections. | Click here to enter Activities completed during the inspection and the inspection outcome. |
| ***Activities completed to report and file the inspection outcome***Click here to enter Activities completed to report and file the inspection outcome. |
| ***Example 2*** |
| ***Date of inspection*** | ***Inspection Type*** | ***Regime or legislation relating to the inspection*** |
| Click here to enter a date. | Click here to enter Inspection Type. | Click here to enter Regime or legislation relating to the inspection. |
| ***Location*** | ***Relevance to pool barrier inspections*** | ***Activities completed during the inspection and the inspection outcome*** |
| Click here to enter Location. | Click here to enter Relevance to pool barrier inspections. | Click here to enter Activities completed during the inspection and the inspection outcome. |
| ***Activities completed to report and file the inspection outcome***Click here to enter Activities completed to report and file the inspection outcome. |

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| ***Conditions of registration*** |
| **Please answer the questions below to the best of your knowledge and belief.** **If you answer yes to any of the questions 1-3, you do not meet the conditions of registration.****If you answer yes to any of the questions 4-5, the Registrar will contact you for further information.** |
| 1. Are you under 18 years of age?
 | [ ]  **Yes** | [ ]  **No** |
| 1. Are you an undischarged bankrupt?
 | [ ]  **Yes** | [ ]  **No** |
| 1. Are you prohibited from being a director, or being concerned or taking part in the management of, an incorporated or unincorporated body under any enactment or order made under any enactment?
 | [ ]  **Yes** | [ ]  **No** |
| 1. Have you been convicted of a crime?

Note: Criminal Convictions must be declared unless they are exempt under the Criminal Records (Clean Slate) Act 2004. | [ ]  **Yes** | [ ]  **No** |
| 1. Have you been subject to any preliminary investigations or action that might lead to disciplinary proceedings relating to any offence under the Building Act 2004?
 | [ ]  **Yes** | [ ]  **No** |

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| ***Agree to the assessment activities and registration conditions*** |
| I agree to the following assessment activities and registration conditions, if required by MBIE:* In-person observations of ability to assess pool barriers and to appropriately interact with pool owners.
* Demonstrations of knowledge of relevant legislation, and ability to assess compliance to it.
* Submit evidence of suitable record keeping and business systems, including quality management.
* Demonstrate compliance with the relevant provisions under the Building Act 2004.
* Submit records of pool barrier inspections you undertake.
* Undertake MBIE approved training.
* Notify MBIE within 10 working days if your circumstances change such that you no longer meet the requirements for registration.
* Notify MBIE within 10 working days if your contact details change during a period of registration.

Note: MBIE may amend the criteria of acceptance at any time; a three month transitional period will be given after notice of any change for you to comply with the amended criteria. |
| **Applicants signature:** |  |
| **Date:** |  |

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| ***Declaration*** |
| I Click here and enter full name, address, and occupation solemnly and sincerely declare that the statements contained in this form are true. And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957. |
| I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the Statutory Declarations Act 1959, and I believe that the statements in this declaration are true in every particular. Signature of person making the declaration............................................................................................... Declared at (place)...........................................................................on (day).............. Of (month).................................. (Year) 20........ **Justice of the Peace, barrister and solicitor of the High Court, or other person authorised by law to take statutory declarations (in printed letters)**Before me (full name)............................................................................................................................................................... Qualification...............................................................................................................................................................Address...............................................................................................................................................................Signature of person before whom the declaration is made] ...................................................................................................................... |