**Independently Qualified Pool Inspectors Public Register – Individual Application Form**

This application form is for applying to be an independently qualified pool inspector (pool inspector).

To apply to become a pool inspector:

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/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. Do not apply until you have a copy of your criminal record.
2. Complete this application form.
3. **Send us your completed form and copy of your criminal record and other items requested.** You can either:
   * save and email to: [poolinspectors@mbie.govt.nz](mailto: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 page 8 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 Inspectors Public 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)** |  |
| 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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| ***Applicant 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*** | | | |
| **Trading Name:** | Click here and enter Trading Name. | | |
|  | **Name of the business or trading name of the Pool Barrier Inspector business** | | |
| **New Zealand Business Number:** | Click here to enter New Zealand Business Number. | |  |
|  | **The New Zealand Business Number is a 9 digit universal identifier for all business entities (including Sole Traders).** | | |
| **⇨Employment Type:** | **Employee** | **Self Employed** | |
|  | **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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| ***Application 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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| ***Pool Inspectors Public Register Details*** | | |
| **In addition to your name, the following details will display on the public register.** | | |
| ***\*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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| ***Training*** | | |
| ***Please list relevant training in pool barrier inspections and/or other compliance inspection, completed within the past five years.*** | | |
| ***Dates of training***  ***From:*** Click here to enter a date.  ***To:*** Click here to enter a date. | ***Training provider***  Click here to enter Training provider. | ***Course outline***  Click here to enter Course outline. |
| ***Dates of training***  ***From:*** Click here to enter a date.  ***To:*** Click here to enter a date. | ***Training provider***  Click here to enter Training provider. | ***Course outline***  Click here to enter Training provider. |

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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. |  |  |
| ***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. |  |  |

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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. |
| ***Membership details*** | ***Body*** | ***Description*** |
| Click here to enter Membership details. | Click here to enter Membership details. | Click here to enter Membership details. |

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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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| ***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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| ***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 question 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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| ***Agree to the assessment activities and registration conditions*** | |
| I agree to the following assessment activities and registration conditions 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 to 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. | |
| **Applicant’s 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] ...................................................................................................................... |