



CONFIDENTIAL

Application for Inclusion on the AIQS Register of Expert Witness

I,..... wish to be included in the AIQS Register of Expert Witnesses
(Full Name)

and I warrant that the information provided below is true and accurate. I acknowledge that inclusion in the Register is subject to approval by the AIQS, and that I may be removed from the Register if in the opinion of the AIQS I fail to meet the continuing performance and experience requirements stated by the Institute.

.....
(Full Name) (Signature)

Date:

Please complete all details in the below table and return this form to the AIQS at Level 3, 70 Pitt Street Sydney NSW 2000 **or** Email: membership@aiqs.com.au.

1. Please state the number of years of general professional experience you have as a qualified Quantity SurveyorYears (Note: a qualified quantity surveyor is one with educational and experience qualifications equivalent to those required for AIQS Corporate membership grades).
2. Are you a corporate member of the AIQS? **YES/NO**
3. Please substantiate that you have achieved current Continuing Professional Development (CPD) for a period of not less than three (3) consecutive years.

OR I have completed the following CPD activities (list on a separate sheet and note that you must have achieved at least 40 hours in the last three (3) years).

4. Please attach a record of employment showing specific projects worked on over the last ten (10) years and the capacity/position you held in relation to that work.
5. Please also attach a record of occasions when you have appeared as an Expert Witness in arbitration, mediation, other dispute resolution or court proceedings.
6. Please list here any formal training programs for Expert Witnesses which you have successfully attended e.g. the AIQS Expert Witness Tutorial Workshop.

Year by	Name or Type of Course	Course provided
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