

APPLICATION GUIDELINES

The requirements for Graduate grade membership are set out in the *AIQS Membership Entry and Elevation Policy,* which is available from the AIQS website www.aiqs.com.au. Applicants should read and understand the requirements of Graduate grade prior to submitting application.

Applicants must provide true and correct information on their application forms. Inclusion of false claims or misleading information will result in the applicant or member being subject to disciplinary action having their membership revoked, or their application nullified.

APPLICATION PROCESS

Graduate grade is available to persons who have graduated within the past 24 months.

Graduate grade is an interim grade and is available for a maximum period of four consecutive years. Refer to the AIQS Membership and Elevation Policy for further details.

PREREQUISITIES

Have graduated, within the past 24 months, with an Accredited, recognised, or non-recognised tertiary academic qualification (minimum bachelor's degree equivalent to AQF Level 7) in construction management, quantity surveying or in an allied profession.

OR

Be enrolled in an accredited or non-accredited postgraduate course in construction management, quantity surveying or an allied profession.

AND

Passed the AIQS Code of Conduct Academy module.

CONTINUED PROFESSIONAL DEVELOPMENT

For details on the CPD requirements for Member grade members, refer to the AIQS CPD Policy available to view and download via the AIQS website www.aigs.com.au

APPLICATION FEE

The Application Fee is payable upon application and is non-refundable. The Application Fee is payable in Australian dollars. Payment can be made either via Bank draft (made payable to the Australian Institute of Quantity Surveyors) or Credit Card details are required. The Application Fee is:

- Australian applicants AUD\$187.00 (GST included).
- Overseas applicants AUD\$170.00 (GSTexempt).

SUBMISSION OF APPLICATION

Please send the completed application form with payment and all required supporting documents (electronic copy accepted in PDF format only) to:

BY EMAIL: membership@aiqs.com.au

Please note ALL fields are required to be completed. Applications can take up to four weeks to process.



CHECKLIST

Please ONLY submit the requested documents. Please submit all requested documents as described below. Please keep applications to less than 25 pages. Electronic applications should be submitted in PDF format. Applications that exceed 25 pages and/or fail to provide any of the below listed documents may cause delays in the processing.

 □ Complete all sections of the Application Form, including credit card details for payment of the Application Fee □ Complete and sign the declaration confirming compliance with the AIQS Constitution, By-Laws, Rules for Maintaining the Certified Quantity Surveyor designation, and Code of Conduct □ Submit a detailed CV
 □ Certified copy of Bachelor's Degree or Master's Degree qualification/s* □ Certified copy of all professional association memberships (if applicable)* □ Completion of the AIQS Code of Conduct module https://www.aigsacademy.com/AIQS/code-of-conduct
Please note that foreign language documents must be provided with a *certified English translation.
*Certified copy is a copy of an original document which is certified as a true copy by an authorised person. Authorised people include: Justices of the Peace (JPs) and legal practitioners. If your qualifications are not in English, you must provide certified copies of both the original language document and an English translation carried out by an authorised translator. Certification must appear on the front of the document (not the back page).
PERSONAL DETAILS (all fields are compulsory - please print clearly)
Title: Mr Ms Mrs Other:
First Name (e.g. as per passport): Middle Name/s:
Surname (e.g. as per passport):
Date of Birth (dd/mm/yyyy): Current Age (years):
Country of Birth:
PERSONAL CONTACT DETAILS (all fields are compulsory - please print clearly)
Residential Address: Is this your preferred mailing address? Yes No
Street Number & Name:
Suburb: Postcode:
Country:
Home Phone: Mobile Phone:
Personal Email:

(please provide your own personal email address)



CURRENT EMPLOYMENT DETAILS Company Address: Is this your preferred mailing address? Company Name: Street Number & Name: Suburb: Postcode: Postcode: Country: Work Phone: Mobile Phone: Work Email: Industry Sector: ALTERNATE CONTACT PERSON (where required) Mr Ms Mrs Other: Title: First Name (e.g. as per passport): Middle Name/s: Middle Name/s: Surname (e.g. as per passport): Date of Birth (dd/mm/yyyy): Company Name: Relationship to me (spouse/company administrator/etc): Phone: Mobile Phone: Email: I provide full consent to the above-named individual or authorised representative (details above) to act on my behalf in all dealings with AIQS. I understand and accept that this individual or authorised representative will have full access to all information (including personal information) that AIQS may hold on its database.

BACKGROUND STATEMENT

In the last 10 years, have you been charged with any criminal or civil offence which is not yet before a court, or yet to be fully determined by a court or still pending before a court, in Australia or overseas?

☐ Yes	□ No

If yes, please provide details



	een convicted, found guilty or otherwis ot recorded - ie: due to a good behavio	se had any criminal offence proven agains r bond) in Australia or overseas?
traffic offences such as a parkin	e for which you received a Court Attend g or low range speeding ticket). (if more room required, please attac	lance Notice and does not include minor ch additional page in this format)
DETAILS	CURRENT EMPLOYMENT	PREVIOUS EMPLOYMENT
Employer's Name:		
Type of Business:		
Position Title:		
Commencement Date:		
Conclusion Date:		
Direct Supervisor's Name:		
Supervisor's Position Title:		
Supervisor's Qualifications:		
Supervisor's Postnominals:		



TERTIARY EDUCATION QUALIFICATIONS - 1 (please attach a certified copy of qualification)
Name of Tertiary Institution:
Name of Degree Qualification:
Date of Graduation or Completion (dd/mm/yyyy):
Duration of course (years): Full Time Part Time
TERTIARY EDUCATION QUALIFICATIONS – 2 (please attach a certified copy of qualification)
Name of Tertiary Institution:
Name of Degree Qualification:
Date of Graduation or Completion (dd/mm/yyyy):
Duration of course (years): Full Time Part Time
PROFESSIONAL ASSOCIATION MEMBERSHIPS
Name of Association:
Membership Grade:
Member Since (dd/mm/yyyy):
MEMBERSHIP 2 (if applicable)
Name of Association:
Membership Grade:
Member Since (dd/mm/yyyy):
REGISTRATION WITH A GOVERNMENT AUTHORITY (Eg: TPB or VBA in Australia)
Name of Authority:
Registration Type: Registration Number:
Registration From (dd/mm/yy): to (dd/mm/yy)
If your registration is required on an annual basis, please provide your most up-to-date details upon renewal of your registration.



APPLICANT DECLARATION

7.1 1 2107.111 1 22027.117.11011
□ I do solemnly declare that all the particulars furnished by me are true and correct and that I shall abide by the AIQS Constitution, By-Laws, Code of Conduct, Policies, Guidelines and Regulations, as amended from time to time.
☐ I agree and consent to provide a police record check at any time when so requested by AIQS.
☐ I understand that I am responsible for providing up-to-date and accurate contact details to AIQS.
☐ I agree to receiving AIQS and related correspondence, information, and marketing material.
☐ I agree that AIQS may disclose my full name, membership status, location, and Chapter/Region to any enquiring bodies and/or the general public.
☐ I certify that I comply with all pre-requisites of this particular application.
☐ I undertake to pay the appropriate associated fees promptly within 14 days.
Signature: Date (dd/mm/yyyy):
PAYMENT DETAILS I have made payment by bank transfer or provided my credit card details below for the amount of:
□ AUD\$187.00 Australian applicant membership Application Fee (GST included)
□ AUD\$170.00 Overseas applicant membership Application Fee (GST exempt)
MASTERCARD (1.5% Surcharge) VISACARD (1.5% Surcharge) AMEX (3% Surcharge)
Card Number: Expiry Date (mm/yy): CVC:
Name of Cardholder (please print):
Signature of Cardholder: