

STUDENT GRADE APPLICATION FORM

APPLICATION GUIDELINES

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

Applicants must be enrolled and undertaking a tertiary education course and required to attach, to this application, your Enrolment Statement or Enrolment Confirmation Letter from your University.

SUBMISSION OF APPLICATION

Send *Application Form* and all required supporting documents (electronic copy accepted in PDF format) to:

BY EMAIL: membership@aiqs.com.au

Please note **ALL** fields are required to be completed. Please attach a copy of your Enrolment Statement, we are unable to process your application without this. Applications can take up to four weeks to process. All correspondence with Student grade members is via email.

PERSONAL DETAILS *(all fields are compulsory)*

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 in this section are compulsory)*

Residential Address: Is this your preferred mailing address? Yes No

Street Number & Name:

Suburb: State: Postcode:

Country:

Home Phone: Mobile Phone:

Personal Email:

(please provide your **own** personal email address)

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CURRENT EMPLOYMENT DETAILS *(if working whilst studying)*

Company Address: Is this your preferred mailing address? Yes No

Company Name:

Street Number & Name:

Suburb: State: Postcode:

Country:

Work Phone: Mobile Phone:

Work Email:

Employment Sector:

TERTIARY EDUCATION

Name of Tertiary Education Institution:

Name of Degree Qualification:

Course Start Date (dd/mm/yyyy): Course Completion Date (dd/mm/yyyy):

Duration of course (years): Full Time Part Time

Are you currently undertaking this qualification? Yes No

If so, how many years do you have remaining to complete your course?

Enrolment Statement or Enrolment Confirmation Letter from my University is attached.

APPLICANT DECLARATION

- I do solemnly declare that all the particulars furnished by me are true and correct and that I shall abide by the Constitution, By-Laws, Code of Conduct, Policies, Guidelines and Regulations of AIQS, 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 certify that I comply with all pre-requisites of this particular application.

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Signature: Date (dd/mm/yyyy):