

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.

I agree that AIQS may disclose my full name, contact details, membership status, location and Chapter to any enquiring bodies and/or the general public.

Full Name: Signature:

Date (dd/mm/yyyy):

Please complete all details in the below table and return this form to the AIQS Expert Witnesses Register by email to: 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 Voting membership grades. A minimum of 10 consecutive years immediately prior to application is required).
2. Are you a Voting member of the AIQS with CQS Designation (min 12 months)? YES NO
you have answered 'No', please note that you are currently not eligible to apply
3. Please substantiate that you have achieved Continuing Professional Development (CPD) requirements for the last 12 months.
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 topic from the AIQS Academy.

YEAR	NAME OR TYPE OF COURSE	COURSE DELIVERED BY