

## 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](mailto:membership@aiqs.com.au).

- Please state the number of years of general professional experience you have as a qualified Quantity Surveyor .....Years (Note: a qualified quantity surveyor is one with educational and experience qualifications equivalent to those required for AIQS Corporate membership grades. A minimum of 10 consecutive years immediately prior to application is required).
- Are you a Corporate member of the AIQS with CQS Designation (min 12 months)? ☐ YES ☐ NO  
*If you have answered 'No', please note that you are currently not eligible to apply*
- Please substantiate that you have achieved Continuing Professional Development (CPD) requirements for the last 12 months.
- 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.
- Please also attach a record of occasions when you have appeared as an Expert Witness in arbitration, mediation, other dispute resolution or court proceedings.
- 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 |
|------|------------------------|---------------------|
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