



## APPLICATION FORM: Certified Evacuation Consultant

### Member Details

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Street Address: \_\_\_\_\_ Post Code \_\_\_\_\_

Postal Address: \_\_\_\_\_ Post Code \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax No: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Application Date: \_\_\_\_\_

*All information pertaining to this application will be held in strict confidence.*

This application must be completed in full and all supporting documentation provided.

The Fire Protection Association Certification of Evacuation Scheme Consultants Specification must be read before completion of this application.

### 1. Continuity of Involvement

The applicant must be able to supply a portfolio of work applicable to each level of certification being applied for. The following is required:

- Copies of the Fire Service approval letter for three Evacuation Schemes developed and submitted by the applicant, or
- Proof of maintaining Fire Evacuation Schemes over the previous 12 months. Providing copies of notifications to the Fire Service of three completed evacuation rehearsals will be sufficient, or
- Copies of Fire Service application forms for three schemes (first page - however, further information may be requested if considered necessary), which have been submitted for the building level being applied for, and approval is not immediately available.

List Attached  Yes / No

Building Name & Address	Scheme, Procedure Maintenance, Training	Classification Level e.g. 1, 2, 3, 4	NZFS approval Yes/No

## 2. Levels of Competence

What levels of competence do you wish to be certified for? Tick boxes you require certification for?

1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
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## 4. Curriculum Vitae

A CV is to be provided.

This will contain:

- Companies and organisations employed by and positions held.
- Details of experience in the provision of evacuation schemes.
- Training received e.g. Training courses / on job training

The CV should clearly demonstrate that the applicant has successfully completed training or has experience that will allow the individual to successfully process evacuation schemes.

Attached

Yes / No

## 5. Public Liability and Professional Indemnity Insurance

A copy of your current cover note for Public Liability and Professional Indemnity Insurance is to be provided.

Attached

Yes / No

## 6. Health & Safety

Provide a copy of your Health & Safety policy

Attached

Yes / No

## 7. Payment

Attached

Yes / No

### Declaration

This is to certify that the information provided herein is true and accurate in all respects.

I also declare that if I am accepted as a Certified Evacuation Consultant whilst certified I will remain a member of FPANZ, and as such will abide by all FPANZ rules, Code of Ethics of FPANZ and requirements detailed in the specification for Certification.

Full name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### For office use only

1) Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

2) Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

3) Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Application Accepted: \_\_\_\_\_ Date: \_\_\_\_\_