

# FIRE PROTECTION ASSOCIATION



## Application for Certification as an Evacuation Consultant

Name: .....

Company: .....

Street Address: .....

Postal Address: .....

Telephone: ..... Fax: ..... 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. (An incomplete application will be returned and a further application fee charged.)

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

### 1. Continuity of Involvement

To show your involvement as an Evacuation Consultant provide a representative list of Evacuation Schemes or Procedures processed over the last 12 months. This should be provided using the following layout

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

List attached

Yes/No
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### 2. Levels of Competence

Ref. Specification Clause 3.4.

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

1	
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2	
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3	
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4	
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**3. Fire Service Approval Schemes**

For each level of competence you are applying for certification in provide copies of 3 evacuation scheme applications complete with NZFS approval letters for each.

Attached

Yes/No

**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 to the Certification Panel 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

**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

Application accepted Date .....

Signed:

1

2

3