



The Voice of the  
Building Services  
Industry in New Zealand

# APPLY NOW

Full membership application form

Name of registered company \_\_\_\_\_

Trading as \_\_\_\_\_

Postal Address \_\_\_\_\_

Street Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Website address \_\_\_\_\_

Mobile/Phone Number \_\_\_\_\_

### List of Company Directors and Management

Full Name \_\_\_\_\_ Position \_\_\_\_\_

Phone/Mobile \_\_\_\_\_ Email \_\_\_\_\_

Full Name \_\_\_\_\_ Position \_\_\_\_\_

Phone/Mobile \_\_\_\_\_ Email \_\_\_\_\_

Full Name \_\_\_\_\_ Position \_\_\_\_\_

Phone/Mobile \_\_\_\_\_ Email \_\_\_\_\_

### Name of person/s responsible for the day to day running of the business

Full Name \_\_\_\_\_ Position \_\_\_\_\_

Phone/Mobile \_\_\_\_\_ Email \_\_\_\_\_

### Name of person to contact for accounts payable

Full Name \_\_\_\_\_ Position \_\_\_\_\_

Phone/Mobile \_\_\_\_\_ Email \_\_\_\_\_

### Name and contact details of Company Representative/s to BSCNZ

Full Name \_\_\_\_\_ Position \_\_\_\_\_

Phone/Mobile \_\_\_\_\_ Email \_\_\_\_\_

Area based \_\_\_\_\_

Full Name \_\_\_\_\_ Position \_\_\_\_\_

Phone/Mobile \_\_\_\_\_ Email \_\_\_\_\_

Area based \_\_\_\_\_

Full Name \_\_\_\_\_ Position \_\_\_\_\_

Phone/Mobile \_\_\_\_\_ Email \_\_\_\_\_

Area based \_\_\_\_\_

### Please list the regions your business operates in

\_\_\_\_\_

**1 QUALIFICATIONS AND EXPERIENCE**

- a) How many years has the company operated in the building service industry?  
\_\_\_\_\_
- b) What is the applicant's background in the building service industry, including experience in the management area?  
\_\_\_\_\_  
\_\_\_\_\_
- c) How many years immediate past experience has the applicant had in the management area, and for what company or companies?  
Supervisor \_\_\_\_\_ years      Site Manager \_\_\_\_\_ years      Contracts Manager \_\_\_\_\_ years
- d) Name of Company/Companies  
\_\_\_\_\_  
\_\_\_\_\_
- e) How many years proven management experience has the applicant had and what, if any, management courses have been undertaken  
Experience \_\_\_\_\_ years      Courses undertaken \_\_\_\_\_
- f) What staff is employed: Management \_\_\_\_\_ Supervisors \_\_\_\_\_  
Operatives – Full Time \_\_\_\_\_ Operatives – Part Time \_\_\_\_\_  
Total number of staff employed \_\_\_\_\_
- Note:** A full-time employee is one who is employed for 30 or more hours per week
- g) Please list number of employee's with qualifications and experience below  
NZQA Level 2 \_\_\_\_\_ NZQA Level 3 \_\_\_\_\_ Number enrolled \_\_\_\_\_ Number in progress \_\_\_\_\_
- h) Name previous employers  
\_\_\_\_\_
- Note:** Please attach copies of such supporting documents held in relation to qualifications and previous employment. In the case of Companies or Partnerships the attainments of the principal or the nominated Executive Officer are required.

**NOTE:**

The information contained in this section of the Application Form together with the supporting documents is collected purely in order to ascertain the financial viability of the applicant. This information will not be released to any other party.

**2 FINANCIAL**

- a) When did the business commence?  
\_\_\_\_\_
- b) What is the paid up capital of the Company: \$.  
\_\_\_\_\_
- c) Give full details of all shareholdings in the Company  
\_\_\_\_\_  
\_\_\_\_\_
- d) Please complete a Gross Annual Turnover form for the year ended 31 December (attached)
- e) Please provide the names of two suppliers from whom the company purchases equipment and/or chemicals on a regular basis  
Company \_\_\_\_\_  
Name of contact person \_\_\_\_\_  
Company \_\_\_\_\_  
Name of contact person \_\_\_\_\_

**NOTE:**

A reference from the applicant's Bank Manager should be attached to this application. The reference should state the length of time the applicant has been associated with the Bank. Information relating to the Gross Annual Turnover will remain absolutely confidential to the CEO.

### 3 WORKMANSHIP

a) Please enter below details of two current contracts (for **inspection purposes**)

(i) Type of Building

Location

Customer's Name

Customer's Address

Name of Contact Person

Date Contract commenced

(ii) Type of Building

Location

Customer's Name

Customer's Address

Name of Contact Person

Date Contract commenced

b) Please enter below details of two other clients for whom work has been carried out in the past (for **reference purposes**)

(i) Name and address

Contact Person

(ii) Name and address

Contact person

### 4 DECLARATION

#### 4.1 Applicant

**I/We agree:**

- to be bound by the rules of the Association, the BSCNZ Code of Practice (copy attached) and to pay all dues.
- to the release of information about our company in order to determine suitability to become a member of BSCNZ
- to the release of our company name to clients for the purposes of encouraging clients to use BSCNZ members.

**I/We enclose:**

- evidence of the cover sum of the company's Public Liability Insurance policy
- Supporting documents for qualifications and previous employment
- Gross turnover declaration and supporting documents
- Code of practice declaration
- Reference from Bank Manager
- Referee contact details

**Please do not include any money with your application. An appropriate invoice will be sent once the application has been considered.**

I/We declare that the information I have given in this application is, to the best of my knowledge, true, complete and correct:

Signature of applicant

Designation

Date

Please list the building services offered

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Please indicate the sector in which work is undertaken (please tick)

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> Commercial    | <input type="checkbox"/> Retail                 | <input type="checkbox"/> Industrial  |
| <input type="checkbox"/> Health Sector | <input type="checkbox"/> Education Sector       | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Domestic      | <input type="checkbox"/> Pubs/Bars              | <input type="checkbox"/> Airports    |
| <input type="checkbox"/> Aged Care     | <input type="checkbox"/> Other (please specify) |                                      |
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#### Services Undertaken

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Curtains                          | <input type="checkbox"/> Upholstery                       | <input type="checkbox"/> Carpet                         |
| <input type="checkbox"/> Tiles                             | <input type="checkbox"/> Vinyl                            | <input type="checkbox"/> Lino                           |
| <input type="checkbox"/> Floor Maintenance/Restoration     | <input type="checkbox"/> Concrete                         | <input type="checkbox"/> Ceilings                       |
| <input type="checkbox"/> Inside Walls                      | <input type="checkbox"/> Outside Walls                    | <input type="checkbox"/> Windows                        |
| <input type="checkbox"/> Exterior Cleaning                 | <input type="checkbox"/> Exterior Cleaning (low pressure) | <input type="checkbox"/> Flood Damage                   |
| <input type="checkbox"/> Smoke/Fire Damage                 | <input type="checkbox"/> Telephone/Computer Sanitising    | <input type="checkbox"/> Commercial Kitchen Cleaning    |
| <input type="checkbox"/> Kitchen Servicing                 | <input type="checkbox"/> Catering                         | <input type="checkbox"/> Graffiti Removal               |
| <input type="checkbox"/> Rubbish Removal                   | <input type="checkbox"/> Full Recycling Service           | <input type="checkbox"/> Grounds and Garden Maintenance |
| <input type="checkbox"/> House Cleans                      | <input type="checkbox"/> Initial Cleans                   | <input type="checkbox"/> One-off Cleans                 |
| <input type="checkbox"/> Meth labs                         | <input type="checkbox"/> Crime Scenes                     | <input type="checkbox"/> Insect and Pest Eradication    |
| <input type="checkbox"/> Washroom Services and Consumables | <input type="checkbox"/> Supplier of Cleaning Equipment   | <input type="checkbox"/> Chemicals and Consumables      |
| <input type="checkbox"/> Document Destruction              | <input type="checkbox"/> Other (please specify)           |   |
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#### FOR BSCNZ OFFICE USE ONLY:

#### 42 Proposer/Seconder

I consider the applicant to be a fit and proper company for Membership of the Association.

Proposer

Signature

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Seconder

Signature

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**The seconder must be a fully financial and current member of the Association's corresponding area committee.**

**The seconder will not be privy to any confidential information supplied by the applicant.**

Attached all procedural checks

Date of completion

Signature

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