



The Voice of the
Building Services
Industry in New Zealand

APPLY NOW

Private 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 _____

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 private 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:

Supporting documents for qualifications

✓ Please tick

 HEALTH AND SAFETY

Current Health and Safety Policy Statement or Workplace Safety Certification

For example: WSMP, AS/NZS4801, ISO18001

 ENVIRONMENTAL

Copy of Environmental Policy Statement

For example: Enviro-mark, ISO14001

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

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) | |
-

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) | |
-

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

Seconder

Signature

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
