**Application for Certified Practicing Status**

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| **Personal Details** | | | | | | | |
| Name: | Click here to enter text. | | | | | | |
| Mailing Address  *(This address may be published in the CP Register)* | Click here to enter text. | | | | | | |
| Phone (work): | Click here to enter text. | Phone (mobile): | | | Click here to enter text. | | |
| Email: | Click here to enter text. | | | | | | |
| IQA Membership Level: | Click here to enter text. | | | Membership No: | | | Click here to enter text. |
| CP Grade being applied for: | Certified Practising Quarry Manager (CPQM) | | | Certified Practising Quarry Supervisor (CPQS) | | | |
| **Employment** | | | | | | | |
| Current employer: | Click here to enter text. | | | | | | |
| Current position title: | Click here to enter text. | | Time in position: | | | Click here to enter text. | |
| Manager name: | Click here to enter text. | | Contact number: | | | Click here to enter text. | |
| *If you have been in your current position for less than 3 years, please provide details of positions held for last 3 years:* | | | | | | | |
| Click here to enter text. | | | | | | | |
| *The IQA reserves the right to contact an employer to verify employment details.* | | | | | | | |

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| **For CPQM Applicants only** | | |
| *Please select the state in which you currently practise as a Quarry Manager*  *Please attach the required documents as indicated* | ACT |  |
| NSW | Quarry Manager Practising Certificate |
| NT |  |
| QLD | Site Senior Executive notice |
| SA | Quarry Manager Certificate (1st or 2nd class) |
| TAS |  |
| VIC |  |
| WA | Quarry Manager Certificate of Competency |

**I certify, by signing this application, that:**

1. I shall abide by the Rules of the Certified Practitioners Committee, the Code of Conduct of The Institute of Quarrying Australia (The Institute) relating to the QMCS and any other Code in force in The Institute. This information is available on The Institute's website [www.quarry.com.au](http://www.quarry.com.au/)
2. I have not been found to be in breach of the Code of Conduct (referred to above) or those of any other learned or professional society or institute, and there are no such cases pending against me.
3. All the information in my application is true and correct.
4. I have paid my application fee online at [www.quarry.com.au](http://www.quarry.com.au).
5. I acknowledge that I will be required to certify each year, on renewal of my Institute membership that I continue to comply with the criteria in the Rules of the Certified Practitioners Committee.
6. I agree that my compliance with the OPD requirements as detailed in my log-book may be audited.
7. I consent to the publication of my title and full name, my Institute membership grade, my Certified Practitioner grade and month and year of accreditation, and any other detail about my qualifications and professional experience as a Certified Practitioner, which the Certified Practitioners Committee may consider it is reasonable to include in the CP Register.
8. I acknowledge if the Certified Practitioners Committee accepts my application it will notify me, register the essential details and file the paperwork for a period of seven (7) years.  If my application has been for a re-admission, the date recorded will be the date of the decision for re-admission except in special cases.  If my application is rejected I will be notified and given the grounds on which the rejection is based as well as advice that I may appeal the rejection.  Where an application is rejected (for whatever reason), the fees associated with that application (or renewal) will be forfeited.

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| Signature: | Date: |

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| **Please direct application and attachments to:** | Attn: Certified Practitioners Committee  [education@quarry.com.au](mailto:education@quarry.com.au) |