NEW ZEALAND
Registered Architects Board
Te Poari Kaihoahoa Ngaio Rēhita o Aotearoa

Continuing Professional Development for those Working towards Registration
APPLICATION FORM

- Fill in this application form to participate in the **CPD for those Working towards Registration** programme. If at all possible, type your responses in the space available or ensure your handwriting is legible. **All fields marked with an asterisk (*) are required.**
- Please email your completed form to cpd@nzrab.org.nz.
- Once your form has been processed, the NZRAB will advise by email the next steps.
- If you have any further questions, please contact the CPD Administrator by phone 04 471 1336 (select option 2 for CPD enquiries) or by email cpd@nzrab.org.nz.

PERSONAL DETAILS				
Title (e.g., Mr, Ms, Dr, etc)				
First name*				
Middle name(s)* (if applicable)				
Last name*				
Preferred name(s)				
Previous name(s)* (if applicable)				
Gender* (tick)	☐ Male	☐ Female	☐ Gender Diverse	☐ Decline to answer
Date of birth* (format: DD/MM/YYYY)				
Place of birth (country)*				
Ethnicity* (tick as many options as are applicable)	☐ NZ European		☐ NZ Māori	
	☐ Samoan		☐ Cook Island Māori	
	☐ Tongan		☐ Niuean	
	☐ Chinese		☐ Indian	
	☐ Other (please specify in space below)		☐ Decline to answer	

CONTACT DETAILS*	
Address	
Suburb	
City	
Post code	
Country (if outside of NZ)	
Email	
Mobile number	
Daytime telephone contact number (if different from mobile number)	

ACCESSING CPD*	
Why are you seeking access to the CPD system / website?	
Tick **ONE** of the following that best describes your reasoning:	
☐ Architectural graduate with a recognised NZ tertiary qualification	
☐ Either had or working towards a QEAP (Pathway 2) determination	
☐ NZIA Emerge Group or Graduate Development Programme participant	
☐ Intended future registrant	
☐ Other (please specify in blank space to the right)	

NZRAB COMMS LIST*	
From time to time, the Board issues a newsletter bulletin to its members. Would you like to be subscribed to the NZRAB's comms list?	
Tick **ONE** of the following options:	
☐ YES	
☐ NO	

Signature*	
Date*	