

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.**
- From December 2024, **applicants will now be required to submit a copy of either their passport or driver's license.**
- 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 Education / CPD enquiries) or by email cpd@nzrab.org.nz.

PERSONAL DETAILS	<i>For proof of identity purposes, please <u>attach</u> a copy of either your Passport or Driver's License to this application</i>			
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)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-binary	<input type="checkbox"/> Other (please specify in space below)
	<input type="checkbox"/> Decline to answer			
Date of birth* (format: DD/MM/YYYY)				
Place of birth (country)*				
Ethnicity* (tick as many options as are applicable)	<input type="checkbox"/> NZ European / Pākehā		<input type="checkbox"/> NZ Māori	
	<input type="checkbox"/> Samoan		<input type="checkbox"/> Cook Island Māori	
	<input type="checkbox"/> Tongan		<input type="checkbox"/> Niuean	
	<input type="checkbox"/> Chinese		<input type="checkbox"/> Indian	

	<input type="checkbox"/> Other (please specify in space below)	<input type="checkbox"/> 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:	
<input type="checkbox"/> Architectural graduate with a recognised NZ tertiary qualification	
<input type="checkbox"/> <u>Either</u> had <u>or</u> working towards a QEAP (Pathway 2) determination	
<input type="checkbox"/> NZIA Emerge Group or Graduate Development Programme participant	
<input type="checkbox"/> Intended future registrant	
<input type="checkbox"/> 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:	
<input type="checkbox"/> YES	
<input type="checkbox"/> NO	

Signature*	
Date*	

Please check you have completed all mandatory fields and attached proof of identity documentation.