**NZPI PARTIALLY ACTIVE MEMBERSHIP APPLICATION FORM**

**Who should be using this form:**

* You hold a current NZPI membership
* You are working 25 hours or less per week on a consistent basis

1. Personal Details

NOTE: If you have let your membership lapse please complete a Membership Reinstatement application form instead.

**Year of Commencement:**

**Year of Completion:**

**Employment - Name of Company:**

**Job Title:**

**Surname:**

**First Name:**

**Date of Birth:**

**Gender:** **□** Male □ Female □ Other (please specify)

**Ethnicity:**

**Preferred Email Address:**

This email address will be used to provide NZPI correspondence, newsletters, annual membership renewal invoices. The most frequently accessed email address is recommended. Notification preferences can be adjusted at any time by updating your profile in the Member area of the website.

**Business Phone:**

**DDI Phone:**

**Home Phone / Mobile:**

**Billing Address:**

**Postal Address:**

**University at which you studied:**

**Name of Qualification:**

**Current NZPI membership category:**

If Associate, are you intending on working towards your NZPI Full membership?

**Are you a member of any other Professional body?** If YES please specify;

**How many hours per week are you working:**
To request a **Partially-Active** membership please attach correspondence from your employer confirming the number of hours per week that you will be working. This can be in the form of a letter/email of authorisation or a copy of your work contract.

Company:
Street or Box:
Suburb:
Country:

City:
Postcode:

Company:
Street or Box:
Suburb:
Country:

City:
Postcode:

2. Statement of Experience

This statement should demonstrate the breadth and depth of work experience to date. It should be in chronological order and provide information as per the sample log noted below.

**Full Name of Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SAMPLE LOG

|  |
| --- |
| **Details of Experience** |
| **Employer**: ABCD Planning Group**Job Title:** Planning Consultant**Period:** September 1997 to February 1999 **Details of Position/Job Responsibilities:*** Consultant Planner for XYC Council assessing resource consent applications and checking building consents for planning requirements
* Participated in the Asset Management Team developing 50 year plans for EFG Council

**Employer**: EFG Council**Job Title:** Planner (Policy)**Period:** March 1999 to January 2000 **Details** of Position/Job Responsibilities:* Set up and managed an Urban Design Unit (3 different professional disciplines)
* Supervised preparation of “environment” aspects of District Plan
* Wrote development strategies (e.g Town Centres Strategy, Central Areas Strategy)
* Provided landscape, heritage and urban design service to Council

**Employer:** HIJ Council**Job Title:** Senior PlannerPeriod: February 2000 to date**Details of Position/Job Responsibilities:*** Developed and managed street decoration systems for Olympic Games ($1.2M)
* Acted as member of Council’s Planning Applications Sub-Committee (quorum of two)
* Developed Central Area Plan for Greenleaf Ward (member of team)
 |
|  |

Please complete the details below:

|  |
| --- |
| **Details of Experience** |
| **Employer:** **Job Title:****Period:****Details of Position/Job Responsibilities:** |

# PLEASE COPY THIS FORM AS REQUIRED

3. Applicant Declaration and Authorisation

**Please tick to confirm acceptance:**

* I, the applicant, desire to be elected as a **Partially-Active members** of the New Zealand Planning Institute. I declare that if my application is approved I will abide by and observe the provisions of the [Constitution and Regulations](http://www.planning.org.nz/resources/Article?Action=View&Article_id=1000016) and I will pay the subscriptions prescribed.
* I, the applicant, confirm that all the particulars given in this application are true and correct to the best of my knowledge and belief. Furthermore, I authorise the New Zealand Planning Institute to verify disclose and/or use the provided information in this application for purposes relating to the Institute’s Constitution, Regulations and Policies.
* As part of your membership benefits, the NZPI will communicate with you by email to keep you informed of the NZPI’s activities and services. If you wish to opt out of this service, please update your online profile.

The New Zealand Planning Institute often receives enquiries from people wanting to contact members. To enable such people to make direct contact, please tick the boxes below confirming which information you are comfortable being shared with others.

**I authorise NZPI to disclose the following information over the telephone at the request of the general public:**

* Work Number
* Mobile Number
* Email Address

\*The New Zealand Planning Institute undertakes to collect, use and store the information provided on these forms according to the principles of the Privacy Act 1993.

**Name of Applicant:**

**Signature of Applicant:**

**Date:**

*Please scan and email send your completed form to**membership@planning.org.nz*



|  |
| --- |
| **OFFICE USE ONLY**✓ YES | X NO |
| ■ NZPI Accredited Degree | ■ Invoice Generated  |
| ■ Statement of Experience Provided | ■ Change of Mem. Spreadsheet Completed  |
| ■ Confirmation of work hours provided | ■ Acknowledgement Letter  |
| ■ Declaration and Authorisation Completed  | ■ Update Database inc. Notes |
| ■ Application Approved  | ■ Merge and Save |
|  |  |
| CPD Required |  |  | ■ CPD Exception Provided (if applicable) |
|  | [In Current Year] |  |  |  |  |
| Processed By |  |  | Date |  |  |
|  | [ NZPI Officer ] |  |  | [ DD / MM / YY ] |  |