



The Voice of the
Building Services
Industry in New Zealand

APPLY NOW

Full 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 _____
- h) Name previous employers

Note: Please attach copies of such supporting documents held in relation to qualifications and previous employment. In the case of Companies or Partnerships the attainments of the principal or the nominated Executive Officer are required.

NOTE:

The information contained in this section of the Application Form together with the supporting documents is collected purely in order to ascertain the financial viability of the applicant. This information will not be released to any other party.

2 FINANCIAL

- a) When did the business commence?

- b) What is the paid up capital of the Company: \$.

- c) Give full details of all shareholdings in the Company

- d) Please complete a Gross Annual Turnover form for the year ended 31 December (attached)
- e) Please provide the names of two suppliers from whom the company purchases equipment and/or chemicals on a regular basis
Company _____
Name of contact person _____
Company _____
Name of contact person _____

3 WORKMANSHIP

a) Please enter below details of two current contracts (for **inspection purposes**)

(i) Type of Building

Location

Customer's Name

Customer's Address

Name of Contact Person

Date Contract commenced

(ii) Type of Building

Location

Customer's Name

Customer's Address

Name of Contact Person

Date Contract commenced

b) Please enter below details of two other clients for whom work has been carried out in the past (for **reference purposes**)

(i) Name and address

Contact Person

(ii) Name and address

Contact person

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 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:

- evidence of the cover sum of the company's Public Liability Insurance policy
- Supporting documents for qualifications and previous employment
- Gross turnover declaration and supporting documents
- Code of practice declaration

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)

Commercial	Retail	Industrial
Health Sector	Education Sector	Hospitality
Domestic	Pubs/Bars	Airports
Aged Care	Other (please specify)	

Services Undertaken

Curtains	Upholstery	Carpet
Tiles	Vinyl	Lino
Floor Maintenance/Restoration	Concrete	Ceilings
Inside Walls	Outside Walls	Windows
Exterior Cleaning	Exterior Cleaning (low pressure)	Flood Damage
Smoke/Fire Damage	Telephone/Computer Sanitising	Commercial Kitchen Cleaning
Kitchen Servicing	Catering	Graffiti Removal
Rubbish Removal	Full Recycling Service	Grounds and Garden Maintenance
House Cleans	Initial Cleans	One-off Cleans
Meth labs	Crime Scenes	Insect and Pest Eradication
Washroom Services and Consumables	Supplier of Cleaning Equipment	Chemicals and Consumables
Document Destruction	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
