

NORTHERN TERRITORY BUILDING PRACTITIONERS BOARD

APPLICATION FOR REGISTRATION AS A BUILDING PRACTITIONER PLUMBING & DRAINER (DESIGN) – INDIVIDUAL

SECTION 1 PERSONAL DETAILS

FAMILY NAME (Surname)			
GIVEN NAME (First name)		OTHER NAMES (Middle names)	
PREFERRED NAME		BIRTH FAMILY NAME (e.g. maiden name)	
GENDER	Male <input type="checkbox"/>	Female <input type="checkbox"/>	DATE OF BIRTH

SECTION 2 CONTACT DETAILS

BUSINESS HOURS PHONE NUMBER		AFTER HOURS PHONE NUMBER	
FAX NUMBER		MOBILE PHONE NUMBER	
EMAIL			

SECTION 3 ADDRESS DETAILS

HOME ADDRESS	
POSTAL ADDRESS	
For the service of notices and documents	

Please note that this address will be listed on the public register of building practitioners

FOR OFFICE USE ONLY

Receipt Number		Date	
Amount		Received By	

SECTION 4 EXPERIENCE REQUIREMENTS

You are required to possess the experience as determined by the Minister, for to Section 24(1)(b) of the *Building Act*. That is 5 years practical experience in design of plumbing and drainage systems and on-site sewage disposal systems.

A resumé must be submitted with your application detailing your work experience and addressing the requirements of the experience criteria in the category being applied for. All aspects of experience ie. design, on-site construction supervision etc are to be indicated. A specific description of projects must also be provided, detailing your level of involvement in these projects and the dates of commencement and completion.

At least three written references from registered practitioners (preferably registered in the Northern Territory) must be provided that confirms your recent experience listed on your resumé.

SECTION 5 OTHER INFORMATION

In order to assist the Building Practitioners Board in determining whether you are a fit and proper person to be registered pursuant to Section 24(1)(a) of the *Building Act*, tick yes or no in the relevant box for the following questions.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Are you an undischarged bankrupt or have you entered into any current Part IX agreement or Part X arrangement or agreement under the Bankruptcy Act 1966? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you in the last 5 years become bankrupt or have you entered into a Part IX agreement or Part X arrangement or agreement under the Bankruptcy Act 1966? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you in the last 5 years been convicted of a criminal offence (other than a minor traffic offence) or are any court proceedings pending? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been disqualified from holding an occupational licence or certificate, or had an occupational licence or certificate cancelled or suspended or refused (including interstate licences, certificates or registrations)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. In respect of any work you have done in an equivalent position, have you ever been fined, reprimanded or cautioned for any breach of rules, professional conduct or code of ethics? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you in the last 5 years been a Director, Secretary or a person in a position to control or substantially influence a company's conduct or affairs (such as a shareholder with a significant shareholding, a financier or a senior employee) within 12 months of that company being placed in receivership, administration, official administration, under a deed of company arrangement, in liquidation or wound up for the benefit of creditors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever held a registration as a building practitioner in any other state?
If yes please provide details: | <input type="checkbox"/> | <input type="checkbox"/> |

Category.....State.....Expiry.....

If you have ticked YES to any of these questions you MUST provide details and copies of all relevant documentation.

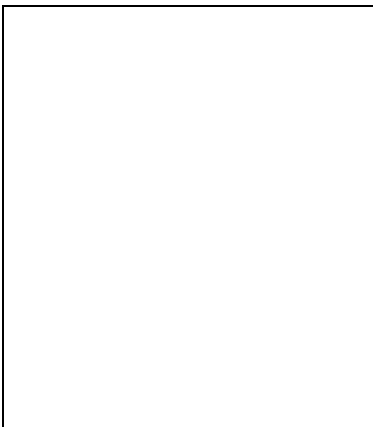
SECTION 6 INSURANCE REQUIREMENTS

You are required to hold current Professional Indemnity Insurance of \$1,000,000.

The insurance certificate of currency must be submitted with your application. The policy must note you as an insured party or if you are using your employer's insurance it must be accompanied by a letter from the employer on company letterhead (and signed by a company director) confirming that you are covered by their insurance policy. Please note if the company is providing insurance then the company must also be registered, please refer to the Building Practitioners Board Policy BPB-013 for further information.

SECTION 7 PHOTO REGISTRATION CARD

An optional wallet sized registration card which will include your photograph is offered, at no additional cost. If you wish to obtain this card, please attach a photo to this application form using tape on the rear of the photo only.



Photos must

- Show head and shoulders
- Be no more than 6 months old
- Be passport quality
- Be on photo paper
- Have clear white background
- Be 4.5 – 5 cm high, 3.5 – 4 cm wide
- Not have any border
- Have your full name on the back

Note: Alternatively, you may email a JPEG photo to bbp@nt.gov.au, giving your full name. If you email the photograph, please write 'photo emailed' in the space provided for the photograph.

PRIVACY

The Building Practitioners Board of the Northern Territory (NT) is collecting the information on this form to determine whether or not you are eligible for renewal of registration as a building practitioner in accordance with the provisions of the *Building Act*. The names, business addresses and business telephone numbers of registered building practitioners will be entered into a register of building practitioners. This register will be available to the public via our internet site or upon request. The Building Practitioners Board collects personal information in accordance with the Northern Territory Government's privacy statement available at www.nt.gov.au/ntg/disclaimer.shtml. For more information please contact the Building Practitioners Board, or the Building Advisory Services on (08) 8999 6435.

SECTION 8 STATUTORY DECLARATION

Oaths Affidavits and Declarations Act

I, _____(full name) do solemnly and sincerely declare that the particulars contained in this application and following statements are true and correct and all of the attachments are the original or a complete and accurate copy of the original.

- I give the Northern Territory Building Practitioners Board consent to make any inquiries and to receive and disclose any information which is relevant to my initial and ongoing eligibility to be registered as a building practitioner;
- I acknowledge that information (name, business address and telephone number) will be placed on a register that is open to the public;
- I accept that failure to supply information required on this form may delay processing of this application;
- I understand and acknowledge my legal obligations under the *Building Act* if registration is granted;

And I make this declaration by virtue of the *Oaths Affidavits and Declarations Act* knowing that the declaration is true in every particular and with the knowledge that it is an offence to make a statutory declaration that is false in any material particular.

Declared at _____ (place where the declaration is made) on the _____ day of _____ 20__.

Signature (person making the declaration)

Signature of Witness

Full Name and Address of Witness

Note: it is an offence under the *Oaths, Affidavits and Declarations Act* for a person to intentionally do something to a Statutory Declaration that results in it becoming false or misleading whether the thing done is done intentionally or recklessly. If convicted of this offence you may be fined or imprisoned.

It is an offence under the *Criminal Code Act* for a person to make a statutory declaration that is, to the knowledge of the person making the statutory declaration, false. If convicted of this offence you may be imprisoned.

This declaration may be made before any person who has attained the age of 18 years.

PAYMENT DETAILS

Contact your local Territory Business Centre for the relevant schedule of fees.			
Cash - Territory Business Centre			
Cheque - payable to RTM (Receiver of Territory monies)			
Credit card	Visa MasterCard		
Credit card number			
Expiry			
Name on card			
I hereby authorise the Territory Business Centre to debit the above credit card for the amount of			\$
Amount in words			dollars
Signature of cardholder		Date	
Contact phone number			

LODGEMENT DETAILS	
Applications can be lodged at a Territory Business Centre with the prescribed fee at:	
<p>Darwin Darwin Corporate Park Ground Floor, Building 3 631 Stuart Highy Way BERRIMAH NT 0828 Darwin GPO Box 9800 Darwin NT 0801 t: (08) 8982 1700 f: (08) 8982 1725 Toll free: 1800 193 111 e: territory.businesscentre@nt.gov.au</p>	<p>Katherine Shop 1, Randazzo Building 18 Katherine Terrace Katherine PO Box 9800 Katherine NT 0851 t: (08) 8973 8180 f: (08) 8973 8188 e: territory.businesscentre@nt.gov.au</p>
<p>Tennant Creek Shop 2, Barkly House Cnr Davidson and Paterson Streets Tennant Creek PO Box 9800 Tennant Creek NT 0861 t: (08) 8962 4411 f: (08) 8982 1725 e: territory.businesscentre@nt.gov.au</p>	<p>Alice Springs Ground Floor, The Green Well Building 50 Bath Street Alice Springs PO Box 9800 Alice Springs NT 0871 t: (08) 8951 8524 f: (08) 8951 8533 e: territory.businesscentre@nt.gov.au</p>

SUBMITTING

CHECKLIST - Please ensure that you have provided the following: **Completed Form**

Application form completed, signed and witnessed where applicable.

 Copy of Qualifications

Refer to Building Practitioners Board Policy BPB-012 for qualifications required for endorsements in this category

 Resumé

A detailed resume outlining your 5 years work experience and addressing the experience criteria of the category applied for. All aspects of experience are to be indicated. A specific description of projects must also be provided, detailing your role and responsibilities and the level of involvement in these projects and the dates of commencement and completion.

 References

At least three current written references from registered practitioners, (preferably registered in the Northern Territory) must provide evidence that confirms your 5 years experience in the category applied for, outlining your role and responsibilities and your competence to practise in that category.

The individuals providing the references must provide his/her full name, contact details, occupation as well as sign and date the letter.

 Copy of Insurance Certificate

The insurance certificate of currency must be submitted with your application. The policy must note you as an insured party or if you are using your employer's insurance it must be accompanied by a letter from the employer on company letterhead (and signed by a company director) confirming that you are covered by their insurance policy.

 All Relevant Documentation Required by Section 7

If you ticked YES to any questions you must provide full details of all relevant documentation on a separate sheet of paper in the form of a statutory declaration clearly outlining the date, reasons and outcomes.

 Identification

For identification purposes a copy of your birth certificate, passport, drivers licence and Medicare card or other acceptable documentation must be attached to this application. A copy of the Board's identification policy is available online at www.bpb.nt.gov.au

 Photograph (optional)

Passport photograph to be included in the application if you wish to be issued a registration card.

 Application Fee

Complete credit card details on page 5 of the application or enclose cheque made out to RTM.