

## 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](mailto: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](mailto:cpd@nzrab.org.nz).

<b>PERSONAL DETAILS</b>	<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"/> Gender Diverse	<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	<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:

- 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\*