**VAZ MEMBERSHIP APPLICATION FORM: Practising Expert/Specialist**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname |  | | First Name(s) |  | |
| ID. Number |  | | | DOB |  |
| Gender: M/F |  | | Drivers Licence No. |  | |
| Physical Address (If different) |  | | | Profession |  |
| Qualifications |  | | | | |
| Current Employer/Institution of Affiliation |  | | | Current Position |  |
| Professional Charge Rate ($/unit) |  | | | Years of experience |  |
| Indicate Professional Pledge  Per month/year |  | | | | |
| Contactable Referees |  | | |  | |
| Availability (Tick Applicable) | STP (1 week-3 months) | | AHA (once off assignments-hours/days) | ERS (Hours/Days as required) | DRM (Hours/Days, as required) |
| Have you been convicted of any crime, other than traffic offences & maintenance related? (Y/N) | |  | If Yes, Give Date of conviction & offence |  | |

***For official use only;***

Identity Documents verified: Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Proof of address Seen: Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_ 

Letter from Organisation: Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Qualifications Verified: Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_ 

Referees Contacted: Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Membership Recommended: Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Membership Approved: Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Membership Number Assigned: Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership Fees Received:  Receipt Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Key to Availability**

STP (1 week-3 months)-Short Term Placements

MTP (3-12 months)-Medium Term Placements

ERS (Hours/Days as required)-Emergence & Relief Services

DRM (Hours/Days, as required)- Domestic Repair and Maintenance Works

AHA (once off assignments-hours/days)-Ad Hoc Assignments