



PO Box 30-758, Lower Hutt 5040.

Phone: 04 589 8081.

Email: [admin@sarnz.org.nz](mailto:admin@sarnz.org.nz)

Web: [www.sarnz.org.nz](http://www.sarnz.org.nz)

**Office use:**

Application received via email post.

Date received / /

Invoice #

**Before you email or post your application, have you completed both pages and included:**

- A passport-sized photo (can be emailed in jpg format).
- Payment: \$92 New CoC plus \$20 admin fee.

\$57.50 Renewal/Upgrade plus \$20 admin fee.  
Payment can be made to our bank account 02-0528-0355563-000. Please put your name in the reference field.

- For scaffolders on a rollover, please attach a copy of the back and front of your current CoC.
- Completed attestation letter from your employer confirming current experience and training (template provided)

## APPLICATION FOR CERTIFICATE OF COMPETENCE (CoC)

- New (For those who have never held a CoC or for those whose CoC has expired).
- Renewal of a CoC before the expiry date or for those upgrading to a higher level CoC.

FULL NAME \_\_\_\_\_

NAME TO APPEAR ON CARD \_\_\_\_\_  
(if different from above)

POSTAL ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_  
Please provide your personal email so that we can contact you direct if we require further information

DATE OF BIRTH \_\_\_\_\_

TELEPHONE Work \_\_\_\_\_ Cell \_\_\_\_\_

NAME OF EMPLOYER \_\_\_\_\_

EMPLOYER'S POSTAL ADDRESS \_\_\_\_\_

- Please issue an invoice to me  Please issue an invoice to my employer
- Please tick if you would like us to email an invoice to the email address you have given above.

Current CoC number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ (if known)

I hold a New Zealand Certificate in Scaffolding:

Elementary  Intermediate  Advanced  Suspended

I am on a rollover (do not hold a New Zealand certificate) under the following:

Elementary  Intermediate  Advanced  Suspended

*For scaffolders on a rollover (who do not hold a New Zealand Certificate), please attach a copy the back and front of your current CoC.*

NZQA number (if known): \_\_\_\_\_

**Please complete this so that we can verify your work experience.**

Evidence required to cover either: 30 days in the relevant class in the last 24 months or 14 days in the relevant class in the last 12 months **and** completed attestation letter from your employer confirming current experience and training. (template letter provided)

I have been working in the scaffolding industry for \_\_\_\_\_years \_\_\_\_\_months

Employer	Phone No.	Type of work/course specific to scaffolding (eg tube & clip, Layher, swinging stage)	From	To

**DECLARATION:**

*I declare that all of the information supplied by me on this form is to the best of my knowledge accurate and I authorise the Scaffolding, Access & Rigging Association or its agent to make sufficient enquiries to verify the information supplied by me. I understand that information gained about me during the verification process will be used only for that purpose but that general information may be used for statistical purposes, verification of currency to external agencies or published on the CoC register. I hereby authorise the Scaffolding, Access & Rigging Association to contact former employers or people listed in this application.*

**Print Name** \_\_\_\_\_ **Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

Please email completed form to [admin@sarnz.org.nz](mailto:admin@sarnz.org.nz) or post to PO Box 30-758, Lower Hutt 5040



**P O Box 30-758  
Lower Hutt 5040  
Tel: 04 589 8081**



## Attestation Letter of Employment/Training

This letter is to be completed by the current employer of the person applying for a Certificate of Competence. For sole traders or self-employed contractors, this attestation letter can be signed off by a scaffolder of equal or greater qualification. This is to confirm that the person applying for the CoC complies with the legislative requirement under the Health and Safety Regulations 1995 clause 35(d) *please refer to page two.*

**[Employer Insert your address]** \_\_\_\_\_

**[Insert date]** \_\_\_\_\_

RE: **[Insert employee's name]** \_\_\_\_\_

To whom it may concern

This letter is to verify that **[Insert employee's name]** has been employed by **[me / us / company name]** from **[Insert date]** in the position of **[Insert position]**.

The main duties of **[Insert employee's name]** are:

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- 
- 
- 
- 

Has the applicant completed their New Zealand Certificate **within the last six months**? If yes, please refer section 1 below. If no, please refer to Section 2 below.

### Section 1

SARNZ recognises that a New Zealand Certificate in Scaffolding (which has been completed **within the last six months**) as appropriate training to meet part of the requirements of Regulation 35. Additional information to demonstrate recent experience and knowledge of scaffolding must be supplied to further meet all requirements of Regulation 35. Please attach evidence of experience and knowledge (eg documentation of the applicant's work history, on job training, and attestations of support from employers of suitably qualified supervisors).

## Section 2

For applicants whose New Zealand Certificate was completed **prior to the last six months** or who does not hold a New Zealand Certificate and was therefore granted a CoC on a rollover, evidence of recent training (in the last four years), experience and knowledge is required. Good examples are toolbox talks, in house training, SiteSafe Gold Card, ConstructSafe and refresher harness courses. Please give details below:

*[Insert employee's name]* has undertaken the following training:

- 
- 
- 

For a verbal reference please call me on *[Insert phone number]*.

Sincerely,

*[Employer insert your name\*]*

*[Insert your position in the company]*

*[Insert the company name]*

*[Insert date]*

Please note that SARNZ issues certificates of competence according to criteria set out in the Health and Safety Regulations 1995, including but not exclusive to the following section:

### **35 Requirements of scaffolder**

An applicant for a certificate of competence as a scaffolder shall—

- have a thorough knowledge of the use or uses to which the type or types of scaffolding in respect of which the applicant seeks a certificate may be put; and
- have a thorough knowledge of the erection, maintenance, repair, and dismantling of the type or types of scaffolding in respect of which the applicant seeks a certificate; and
- have a thorough knowledge of the practices that must be followed to enable scaffolding of the type or types in respect of which the applicant seeks a certificate to be used, erected, maintained, repaired, and dismantled safely; and
- have had suitable recent training, including suitable recent experience, in the use, erection, maintenance, repair, and dismantling of scaffolding of the type or types in respect of which the applicant seeks a certificate.

Please email completed form with CoC application to [admin@sarnz.org.nz](mailto:admin@sarnz.org.nz)  
or post to PO Box 30-758, Lower Hutt 5040

