



Level 2, Bloomfield House, 46 Bloomfield Terrace,
Lower Hutt 5010. PO Box 30-758, Lower Hutt 5040.
Phone: 04 589 8081. Email: admin@sarnz.org.nz
Web: www.sarnz.org.nz

*Before you email your application, please ensure you have you completed **all** sections and included the following:*

- Copy of currently valid overseas scaffold certificate (please note that you will need to bring this with you to the assessment)
- Copy of fixed term visa
- Evidence of proven work history (eg CV)
- A passport sized photo (can be emailed in jpg format)

APPLICATION FOR RESTRICTED CERTIFICATE OF COMPETENCE (CoC)

Assessments are carried out by Tai Poutini Polytechnic on behalf of SARNZ. The assessment fee will be invoiced by SARNZ and will be charged at \$1,500 plus GST per day for the assessment of up to four applicants. Assessments take two days, therefore if four applicants are able to be assessed at once the cost will be \$750 plus GST each and if two applicants are able to be assessed at once the cost will be \$1,500 plus GST each. The employer will need to meet any travel, accommodation and other related costs for the assessor.

Tai Poutini Polytechnic will contact you direct regarding a time and location for your assessment. Should you cancel a confirmed assessment booking within 7 days a cancellation fee of \$200 plus GST will be charged.

You will need to bring to the course a full toolbelt/kit and full PPE (harness lanyard etc). Please note that candidates must be ready to be assessed as it is a closed book assessment and not a training course.

When SARNZ has received confirmation from Tai Poutini Polytechnic that you have met the requirements, we will email you an invoice for \$112 (\$92 plus \$20 administration fee) for your certificate of competence.

Please issue an invoice to me

Please issue an invoice to my employer

FULL NAME _____

NAME TO APPEAR ON CARD _____
(if different from above)

POSTAL ADDRESS _____

EMAIL ADDRESS _____

DATE OF BIRTH _____

TELEPHONE Work _____ Cell _____

NAME OF EMPLOYER _____

ADDRESS OF EMPLOYER _____

Please complete this so that we can verify your eligibility to apply for a restricted certificate of competence.

Please provide the title of the qualification you hold, the name of the issuing authority, expiry date, class (eg Basic/Elementary or Advanced) and endorsements. Please attach a copy of both sides (if applicable) with this application.

I have been working in the scaffolding industry for _____years _____months

Employer	Phone No.	Type of work	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 or verification of currency to external agencies. I hereby authorise the Scaffolding, Access & Rigging Association to contact former employers or people listed in this application.

Print Name _____ **Signed** _____



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