



Partner Individual (Natural Person)

Salutation: please circle correct title Mr Mrs Ms Other: (list other title) _____

Surname:

First name

Middle name(s)

Have you been known by any other names? Yes / No (if yes provide full details on separate page)

Date of Birth: Place / Country of Birth:

Residential Address:

Post Code:

Postal Address:

Post Code:

Telephone details: Home: Area Code: ()

Mobile:

Email:

Nominated supervisor for this partnership? Yes / No Practitioner licence number: _____

Proof of Identity

Indicate the identification that has been provided in support of this application.
You must provide one primary and one secondary form of identification.

Certified copies of these documents must be lodged with the application.

Primary identification (one of the following): Birth certificate Passport

Secondary photographic identification (one of the following):

Drivers licence Photographic identification* (issued by a Government authority)

*Photographic identification includes: proof of age card, public service employee identification, occupational licence, or student identification card issued by an Australian educational institution.

Fitness to be registered

| | |
|---|--|
| Has any partner previously applied for or held registration as a builder, painter or building services contractor? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Has any partner applied for and been refused any other licence or registration required by law to carry on business or held any such licence which has been cancelled or suspended at any time during the past ten years? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are any of the partners an undischarged bankrupt? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Has any partner been a bankrupt at any time during the past ten years? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Has any partner been convicted of any criminal offence or breaches of bankruptcy or corporation law at any time during the past ten years? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Does any partner have any pending or current proceedings of any criminal offences? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Has any partner or any body corporate of which a partner was a director or any partnership of which any partner was a member been involved in court, tribunal or disciplinary proceedings (including remedy orders) concerning the quality of any building work carried out by you or the body corporate at any time during the past ten years? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Has any partner been involved in any partnership, company or body corporate which has been placed in administration, liquidation, deed of company arrangement, receivership or wound up on financial grounds? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

If the answer to any of these questions is “Yes”, provide details on a separate page and provide as part of this application.
