**Application for Accreditation
Energy Master Continuous Commissioning Specialist**

Please refer to the Energy Master Continuous Commissioning Specialist Applicant’s Guide before completing this Application Form.

## Applicant Details

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| --- | --- |
| **Applicants Name**  |  |
| **Job Title** |  |
| **Company/Employer**  |  |
| **Postal Address**  |  |
| **Telephone Number(s)**  |  |
| **Email Address** |  |

## Qualifying Status

Tick which set of eligibility requirements for qualifications and/or experience you meet below:

|  |  |
| --- | --- |
| 1. Have a 3, 4 or 5 year degree from an accredited university or college in science, engineering or a related field, plus 5 years of verified experience in commercial building or facilities management involving the installation, testing/adjusting/balancing and commissioning, maintenance or servicing of HVAC or building management systems or control systems; OR
 | [ ]  |
| 1. Have a 2-3 year trade certificate from an accredited university or college or a certified apprenticeship involving engineering or electrical or air conditioning disciplines, plus 7 years of verified experience in commercial building or facilities management involving the installation, testing/adjusting/balancing and commissioning, maintenance or servicing of HVAC or building management systems or control systems; OR
 | [ ]  |
| 1. Have 10 years of verified experience in commercial building or facilities management involving the installation, testing/adjusting/balancing and commissioning, maintenance or servicing of HVAC or building management systems or control systems.
 | [ ]  |

## Qualifications

Please identify the courses completed according to the requirements outlined in the Energy Master Continuous Commissioning Specialist Applicant’s Guide*.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Qualification** | **Length of study (years)** | **Field or Discipline** | **Education provider** | **Country** | **Year completed** |
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1. **Work History Summary**

Please complete the following in chronological order, describing the work done by you in each of your roles relevant to this Accreditation.

|  |  |  |  |
| --- | --- | --- | --- |
| **Organisation/ Employer** | **Position/Title** | **Dates (Month & Year)** | **Key activities, responsibilities, major achievements and details of projects undertaken** |
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## Memberships/Registrations/Licenses

Please list any of the following:

* Membership of Engineering NZ at associate, technical or professional level, or
* Registration on a National Register of Current Competence, and/or
* Trade qualification.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Organisation** | **Class** | **Current** **Y/N** | **Registration number** | **Year gained** |
| *e.g. Engineering NZ* | *CPEng* | *Y* | *12345* | *2018* |
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## Referee

Please provide the names of your referee:

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| --- | --- |
| **Referee’s Name:** |  |
| **Telephone Number(s)**  |  |
| **Email:** |  |

The referee needs to be sufficiently familiar with the applicant’s work to provide comment on the applicant’s competence with regard to Continuous Commissioning.

Applicants must forward the *Referee Form* to the nominated referee, along with a copy of the applicant’s completed *Competency Self Assessment Form*, for the referee to complete and then return directly to CEP.

## Information for Accreditation Listing

A successful candidate for accreditation will have the details of their areas of expertise listed alongside their name and contact details on the CEP website. Potential clients often want to engage EnergyMasters with particular experience or industrial machinery backgrounds. To assist the appropriate promotion of EnergyMasters please provide the following information.

Please provide no more than 200 words to outline your Areas of Expertise and give details of the following:

|  |  |
| --- | --- |
| **Specialist Topic Area***(eg. Commercial, HVAC)*  |  |
| **Areas of Expertise***(eg. may include types of projects and general qualifications)* |  |
| **Work Areas***(eg New Zealand wide, North Island, Pacific)*  |  |

## Privacy

Any information you send to CEP will remain confidential and only be used in-house for the purpose of this assessment. Any hard copies will be returned to you at the end of the assessment.

## Certified Correct

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name), having completed the above to the best *of* my ability, hereby apply for Accreditation as an Energy Master Continuous Commissioning Specialist. I also certify that the information provided here is correct and agree to indemnify and hold harmless EMANZ, their contractors and those affiliated with CEP and its programmes.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Application Checklist

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| --- | --- |
| **Please ensure that you have included the following documents as part of your application** | **Applicant Check** |
| Completed Application Checklist (this page) |  |
| *Application Form* (this form) |  |
| *Competency Self Assessment Form* completed and sent to Referee |  |
| Proof of existing qualifications |  |
| Completed *Referees Forms* (note: when completed, these are to be sent from the Referees directly to CEP) |  |
| Completed CCS Training Course and Passed Exam |  |
| Other information that you wish to have considered.  |  |

## Processing this Application

You can either email info@cep.org.nz or post the completed forms to CEP for processing.

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| --- | --- |
| **Postal address:**CEPPO Box 111508Manners StreetWellington 6142 | Phone: 04 385 2839 Email: info@cep.org.nz Website: [www.cep.org.nz](http://www.cep.org.nz) |

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| --- |
| ***For CEP Use****:* |
| Application Fully Completed: | Yes / No | Date Received: |  |