

Note: This declaration is for members who are not exempted from the Professional Standards Scheme.

The Australian Institute of Building Surveyors (AIBS) has established a Professional Standards Scheme (Scheme) that limits the liability of Practicing Members of AIBS, provided they comply with the requirements of the Scheme.

Unless granted an exemption by AIBS, all Practicing Members of AIBS will be included in the Scheme and will be required to comply with the Scheme requirements.

All AIBS Practicing Members are required to make this declaration annually.

If this declaration is received by the AIBS office on a non-business day, membership of the Scheme will be effective as of the next business day.

Member Information:

Please provide the personal information requested below then proceed to the declaration.

Full Name:

Date of Birth:

Address:

Postal Address:

Email:

Phone:

Gender:

Male

Female

Prefer not to say

Employment Type:

Please specify if you are:

A **director of a company** that provides building surveying advisory, consultancy and statutory services

A **partner/owner** of a business that provides building surveying advisory, consultancy and statutory services

A **sole trader** that provides building surveying advisory, consultancy and statutory services

An **employee of a company** that provides building surveying advisory, consultancy and statutory services

A **government employee** (Local/State/Federal)

Employed solely in **academia**

Other (please specify):

Employment Type:

Please provide an answer for both Level 1 and Level 2 below:

I perform Level 2 work: YES NO

“Level 2” means building surveying functions for Class 1 and Class 10 buildings not exceeding a rise in storeys of 3 (as defined by the Building Code of Australia) unless legislated otherwise.

I perform Level 1 work: YES NO

“Level 1” means building surveying functions for all other classes of buildings (as defined by the Building Code of Australia).

Declaration:

I, _____, confirm and declare that:

1. I am a practicing member and have not sought and have not been granted an exemption from compliance with the Scheme.
2. I have read and understand the requirements of membership (as per **AIBS membership policy 01 January 2021**) and agree to comply with all obligations and requirements of membership whilst I am a member.
3. I have read and understand the requirements of the **AIBS Accreditation Scheme** and will comply with those requirements whilst I am a member, including ensuring I comply with the requirements of the **AIBS Audit Program**.
4. The declaration I have made in any accreditation and membership application concerning the disclosure of any disciplinary action or determinations by regulators or a tribunal or a court is complete and accurate and not misleading.
5. I have read and understand the requirements of the Scheme and will comply with those requirements whilst I am a member, including ensuring that I comply with the **limited liability disclosure** requirements under the Professional Standards Legislation.
6. I have a current Insurance Policy that meets the requirements as set in the **AIBS Insurance Standards** and that if the policy is changed or renewed during the term of membership, I will ensure that the renewed policy will comply with the required standards, or if not, I will advise AIBS immediately. **See note below.**
7. I will disclose to AIBS details of all and any insurance claims made against me or in respect to work undertaken on an annual basis when renewing my membership and/or as requested in accordance with the Scheme.
8. I will provide any other information as requested by AIBS as required in accordance with AIBS reporting requirements to Professional Standards Councils.

Note: If your PI Insurance does not comply with the AIBS Insurance Standards, please contact the AIBS office and do not sign this declaration. The AIBS office will advise you further. Until you comply with all of the requirements of the AIBS Professional Standards Scheme, including the AIBS Insurance Standards, you will not be able to limit liability pursuant to the AIBS Professional Standards Scheme and must not hold yourself out or allow anyone else to hold you out as being covered by the AIBS Professional Standards Scheme.

APPLICANT SIGNATURE:**DATE:**

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OFFICE USE ONLY

	Date	Actioned By
Declaration received		
Declaration saved and insurance confirmed as sufficient		