

Application for Professional Status.



The following form is for current members of The Insurance Brokers' Association of New Zealand (IBANZ) to apply for professional status within IBANZ.

Name: _____ Member firm: _____ IBANZ Membership ID: _____

Postal address: _____

Phone: _____ Fax: _____ Email: _____

Please tick the box according to the status you wish to apply for:

- ☐ Professional Insurance Broker (PIB).
- ☐ Qualified Insurance Broker (QIB).
- ☐ Chartered Insurance Broker (CIB).

To qualify for professional status with IBANZ applicants must meet the following criteria:

1. Membership.

You must be an individual member of IBANZ. Please circle below the category of membership you currently hold:

IBANZ member Associate or Fellow

If you are not currently a member of IBANZ, please check that your company is a corporate member of IBANZ and enclose your completed application form for individual membership of IBANZ with this application. Individual Membership Application forms are available on the IBANZ website: www.ibanz.co.nz, under Forms >> Membership.

2. Experience.

The criteria for acceptance are:

PIB:

- Must be engaged as a practising insurance broker

QIB:

- Minimum of three years' experience as an insurance broker or as a support broker providing general insurance advice to the public.

CIB:

- Held the QIB designation for two years (see above), **and**
- have been engaged as a practising insurance broker for six years.

Please advise:

- Number of years of Fire and General or Life Broking experience: _____ years.
- Number of years of experience in the insurance industry: _____ years.

Attach a chronological list of your insurance working experience which includes company names, locations, your roles and responsibilities and the name of a referee, or the immediate supervisor to which you reported, from each company. (This can take the form of a CV if you wish).

3. Qualifications.

The required qualifications for acceptance:

PIB: There are currently no qualification requirements but all applicants must evidence on-going CPD (see below).

QIB: A Level 4 New Zealand Certificate in Financial Services or a recognised insurance qualification equivalent.

CIB: A Full Level 5 New Zealand Certificate in Financial Services (Insurance Specialist Strand), **or** an internationally recognised Level 5 insurance related qualification.

4. Continuing Professional Development (CPD).

Applicants must have completed at least 10 structured professional development points in the 12 month period immediately prior to the date of this application.

Attach proof of the 10 structured professional development points you have undertaken in the 12 months prior to this application, e.g. a spreadsheet from your CPD tracking system).

5. Ethical Standing.

An applicant must be able to overcome any written objection lodged by any member relating to their professionalism and business ethics, and

Be nominated for membership by a Qualified Practising Insurance Broker who, in the case of an employee applicant, is a director or senior manager of the principal member in which they are employed.

Please include a letter of nomination from your director or senior manager.

Pursuant to the Privacy Act 1993, the following is brought to your attention:

- This application contains personal information about you.
- The information is collected to evaluate your eligibility for Professional Status within IBANZ.
- It is understood that enquiries may be made in respect of past employment history.
- The intended recipients of the information are the IBANZ Education Committee (in the case of PIB applicants) or QIB (NZ) Committee (in the case of QIB and CIB applicants).
- The information is being collected and held by IBANZ Inc. (in the case of PIB applicants) or QIB (NZ) (in the case of QIB and CIB applicants).
- You have the right to access correction of this information subject to the provisions of the Privacy Act 1993.
- You agree to IBANZ Inc. (in the case of PIB applicants) or QIB (NZ) (in the case of QIB and CIB applicants) releasing to other parties personal information relating to this application.

Declaration: I certify that the information given is true and correct.

Signed:

Date:

Submission checklist (please ensure all these items are included with your application):

- ☐ IBANZ PIB Status Application Form or QIB Status Application Form (whichever is applicable).
- ☐ Application Form for IBANZ individual membership if not already an individual member.
- ☐ History of your insurance working experience, or a copy of your current CV.
- ☐ A photocopy of the Level 4/Level 5 NZ Certificate in Financial Services or equivalent.
- ☐ Proof of 10 structured professional development points in the 12 months immediately prior to this application.
- ☐ A letter of nomination from your director or senior manager.

If you have any queries, please contact Professional IQ College

Telephone: (09) 306-1732

Return your application and accompanying documents:

By scanning and emailing to: Email:

registrar@ibanz.co.nz

Or mailing to: IBANZ, PO Box 7053, Wellesley St, Auckland 1141.