

CONSULTING SURVEYORS NATIONAL PROFESSIONAL STANDARDS SCHEME (1 JULY 2024 – 30 JUNE 2025)

APPLICATION FOR PARTICIPATION OR EXEMPTION

IMPORTANT NOTICE: Under Professional Standards Legislation, as a Member of Consulting Surveyors National you are required to apply for an exemption if you do not wish to participate in the Scheme. As a result, this form must be returned to Consulting Surveyors Admin with either PART A (Participation) or PART B (Exemption) completed.

SURVEY PRACTICE DETAILS

Survey Practice Name:	
Business Address:	

Scheme Co-ordinator (must be an Individual Member and principal of the practice)

Scheme Co-ordinator Name:	
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PART A – APPLICATION FOR SCHEME PARTICIPATION

Section 1 – Limitation Amount

You must select either Class 1, 2 or 3 as the Primary Limitation Amount appropriate for the survey practice by ticking the appropriate Class below. In addition, your survey practice may choose to apply for a Discretionary Higher Maximum Amount of Liability by completing an Application for Discretionary Higher Cap and selecting the appropriate option below.

Class	Description	Monetary Ceiling (maximum amount of liability)	Class Selected (tick appropriate class)
1	A Participating Member who is a Corporate Member or an Individual Member who is a principal, partner, officer or employee of a Consulting Surveying Practice that generated Annual Fee Income for the Financial Year immediately preceding of up to and including \$2 million.	\$2 million	<input type="radio"/>
2	A Participating Member who is a Corporate Member or an Individual Member who is a principal, partner, officer or employee of a Consulting Surveying Practice that generated Annual Fee Income for the Financial Year immediately preceding of greater than \$2 million and up to and including \$5 million.	\$5 million	<input type="radio"/>
3	A Participating Member who is a Corporate Member or an Individual Member who is a principal, partner, officer or employee of a Consulting Surveying Practice that generated Annual Fee Income for the Financial Year immediately preceding of greater than \$5 million.	\$10 million	<input type="radio"/>
Discretionary Higher Cap	A Participating Member who is a Corporate Member or an Individual Member who is a principal, partner, officer or employee of a Consulting Surveying Practice that needs to apply for a higher cap due to specific circumstances. See additional form regarding a Higher Discretionary Cap.	Discretionary Higher Maximum Amount of Liability	<input type="radio"/>

PART A – APPLICATION FOR SCHEME PARTICIPATION (CONTINUED)

Section 2 – Annual Fees Payable

The following application fees are applicable to participate in the Scheme. **Note:** Fees include those payable to the Professional Standards Council.

SIZE OF PRACTICING FIRM	ANNUAL FEE	(TICK AS APPROPRIATE)
Up to five (5) employees	\$750	<input type="radio"/>
Up to ten (10) employees	\$850	<input type="radio"/>
Up to twenty (20) employees	\$1,050	<input type="radio"/>
Up to forty (40) employees	\$1,350	<input type="radio"/>
More than forty (40) employees	\$1,950	<input type="radio"/>

Total amount payable

\$

Payment Method

- Cheque** (made payable to Consulting Surveyors Admin and attached to this application)
- Direct debit** (see details below)

Account Name: Consulting Surveyors Admin

BSB: 122 711

Account Number: 226 853 81

PART A – APPLICATION FOR SCHEME PARTICIPATION (CONTINUED)

Section 3 – Declaration, Authorisation and Acknowledgement

Declaration

1. I am a principal duly authorised for and on behalf of the surveying practice and the survey practitioners listed in this application’s Schedule of practitioners to make this application for participation.
2. I declare that the contents of this application are true and correct.
3. All documents of the survey practice comply with the notification of limitation of liability requirements of section 33 of the Professional Standards Act 1994 and clause 9 of the Professional Standards Regulation 2019.
4. I further declare that the survey practice has sufficient business assets to cover any claim made up to the amount of the excess applicable to the survey practice’s professional indemnity insurance.
5. I have read and accept the terms of the Privacy Policy of Consulting Surveyors National.

Undertaking

As a duly authorised principal, I undertake that I will:

1. Immediately advise the Scheme Manager of Consulting Surveyors National when a professional indemnity insurance notification or claim approaches the survey practice’s applicable limitation cap under the Scheme and will provide such further information as requested by Consulting Surveyors National;
2. Submit an Additional Scheme Participants Form for any survey practitioner who joins the survey practice after this application has been submitted; and
3. Provide a copy of the professional indemnity insurance policy, if requested by Consulting Surveyors National.

Authorisation and Acknowledgement

1. As a duly authorised principal, and on behalf of the survey practice and the survey practitioners listed in this application’s Schedule of practitioners, I apply for participation in the Consulting Surveyors National Professional Standards Scheme in the appropriate Class.
2. I acknowledge that coverage under the Scheme is subject to continuing compliance with the Scheme and the legislative requirements applicable to the Scheme.

Name: (must be an Individual Member and principal of the survey practice):

Signed:

Dated (DD/MM/YYYY)

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PART B – APPLICATION FOR EXEMPTION

With the authority of and on behalf of the survey practice and the survey practitioners listed in this application’s Schedule of practitioners, I apply for exemption of the survey practice and those survey practitioners from participation in Consulting Surveyors National Professional Standards Scheme.

Name: (must be an Individual Member and principal of the survey practice):

Signed:

Dated (DD/MM/YYYY)

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CHECKLIST

If you are applying for participation in the Scheme:

1. Complete Part A of the form on pages 1-2.
2. Complete “Payment” section and, if paying by cheque, make the cheque payable to “Consulting Surveyors Admin”.
3. Please attach a sample of the survey practice’s current letterhead as an example of your survey practice’s method of disclosure of limitation of liability under the Scheme. The disclosure statement, “Liability limited by a scheme approved under Professional Standards Legislation.” is prescribed and must be printed in a size not less than the face measurement of Times New Roman typeface in 8 point.
4. Regardless of your liability cap, please provide a copy of your Certificate of Currency of Professional Indemnity Insurance.
5. If selecting the Discretionary Higher Monetary Ceiling, please also complete the Application for Discretionary Higher Cap and provide a copy of your Certificate of Currency. The Discretionary Higher Cap will apply from the date of notification to the survey practice by Consulting Surveyors National of its authorisation of that discretionary higher maximum amount of liability.

6. For a survey practice to seek to claim the full benefit of the Scheme and the limitation of liability, all survey practitioners within the survey practice will need to be a Member of Consulting Surveyors National.
7. A tax receipt will be issued when payment has been processed. This should be retained for your records.

If you are applying for exemption from participation in the Scheme:

1. Complete Part B of the form on this page.
2. If you were a Scheme participant prior to making this exemption application, you must ensure that the disclosure of your limitation of liability statement is immediately removed from your survey practice’s documentation.

CONTINUING OCCUPATIONAL EDUCATION (COE)

IMPORTANT NOTICE: Under the Consulting Surveyors National Professional Standards Scheme, all staff members of participating Survey Practices are required to complete the appropriate amount of COE through the approved training organisation **Consulting Surveyors Campus**. Training requirements are outlined in the Consulting Surveyors National COE Policy. Prior to your training date, please provide a separate Excel spreadsheet containing details of all staff participants, including CSN Individual Members, who need to complete the necessary training.

PART A – COE PARTICIPANT REGISTRATION

Section 1 – Training Options

Kindly specify your preferred training method. All training options qualify for COE points and certifications.

Training Method

- In-Person training**
 - o Training Facilitator will travel to your premises.
 - o Available for firms with more than 5 participants.
 - o Limited availability (book in early)
- Hybrid training** (In-Person + eLearning)
 - o Complete partially through eLearning software (2,5 hours)
 - o Complete case study discussion through in-person training, to encourage team discussions.
 - o Requires individual email address for login.
- Zoom webinar** (In-Person + eLearning)
 - o Select from pre-scheduled webinars with attendees from multiple firms.
 - o Divide into two Zoom meetings, scheduled on consecutive Fridays,
Webinar A - 2 hrs (Category 2 – Category 5) + Webinar B - 3 hrs (Category 3 – Category 5)
 - o Requires individual login and web camera, speakers and microphone.
- Online E Learning platform**
 - o Self-paced – complete anytime and anywhere within 1 month.
 - o Email address of all participants required for login.
 - o Assessment to verify knowledge.

Section 2 – Participants

Please use the table below to determine the category of each employee based on their job title/role/description and minimum level number COE hours required under the CSN COE Policy:

CATEGORY	EXAMPLES	COE HOURS REQ'D
5	Individual CSN Members, Principals/Directors, Licenced/Registered Surveyors, Town Planners, Engineers.	5 Hrs
4	Support Employees possessing a TAFE qualification, diploma or advanced diploma. Senior Managers, Office Managers, Client Managers, Graduates.	4 Hrs
3	Support Employees who are CAD Operators/Draftspersons, Field Party Leaders, WHS Supervisors.	3 Hrs
2	All other Support Employees including office roles and IT support.	2 Hrs

Section 3 – Fees Payable

The COE training provided by Consulting Surveyors Campus incurs the following application fees. An invoice will be issued upon booking your training.

FEE PER HOUR PER PARTICIPANT
\$65 plus GST

Payment Method

- Cheque** (made payable to Consulting Surveyors Campus and attached to this application)
- Direct debit** (see details below)

Account Name: Consulting Surveyors Campus

BSB: 122 711

Account Number: 226 854 71

Please sign here digitally

TO SUBMIT THIS APPLICATION

Please complete and sign the form digitally using Adobe Acrobat. Afterward, kindly email the saved copy to Aileen Abbott at Consulting Surveyors Campus: aabbott@csadmin.com.au or Lisa Judge - ljjudges@csadmin.com.au

LODGEMENT AND ENQUIRIES:

Scheme Administration Team
Consulting Surveyors Admin

ABN: 63 372 314 437

Suite C101, Level 1, Lee Wharf

19 Honeysuckle Drive, NEWCASTLE NSW 2300

PO Box 195, ADAMSTOWN NSW 2289

T: 0418 288 984

E: pedwards@csadmin.com.au

W: www.csnps.com.au

