



Register of Certified Quality Professionals Application form



Applying for: <input type="checkbox"/> Certified Quality Practitioner <input type="checkbox"/> Certified Quality Manager		
Surname (Family name):	First names:	Title:
Business name and address:		
Phone:	Fax:	Email:
Private address:		
Phone:	Fax:	Email:

Membership of NZOQ

I am a financial member of NZOQ. Membership number: _____

I am the company nominee or representative of a financial company member of NZOQ

Company name: _____ Company membership number: _____

Declaration by applicant

I apply for registration on the NZOQ Register of Certified Quality Professionals. I confirm that I have read the Code of Ethics and undertake to abide by it. I agree to the publication of my name and certification details in a register. I certify that the information provided in this application form is correct to the best of my knowledge.

Signature of applicant: _____

Date: _____

- To act professionally, accurately and in an unbiased manner.
- To strive to increase the competence and prestige of the quality management profession.
- To assist those in my employ or under my supervision in developing their management, professional and quality management skills.
- Not to represent conflicting or competing interests and to disclose to any client or employer any relationships that may influence my judgement or the exercise of my professional duties.
- Not to discuss or disclose any information relating to an employer, past employer or client unless required by law or authorised in writing by the affected party.
- Not to accept any inducement, commission, gift or other benefit from any individual or organisation in return for making decisions or judgements that may be of advantage to the individual or organisation offering the inducement.
- Not to communicate false or misleading information intentionally.
- Not to act in any way that would prejudice the reputation of the NZOQ, the Register of Certified Quality Professionals or the quality profession, and to co-operate fully with an enquiry in the event of any alleged breach of this code.

Code of Ethics



Education achievements

Formal education and training courses (please attach copies of certificates). Applicants who do not hold an NZOQ Certificate in Quality Assurance must submit evidence of an equivalent qualification. Applicants should consult the Certification Criteria booklet for details about educational requirements.

YEAR	STUDY PERIOD	AWARD	COURSE / SUBJECTS	EDUCATION PROVIDER

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Work experience

Please start with your most recent position and work backwards. Refer to Certification Criteria booklet for minimum work experience requirements.

FROM Month /Year	TO Month /Year	EMPLOYING ORGANISATION Include contact details	POSITION	RESPONSIBILITIES List or attach job description	VERIFICATION Sponsor or employer to sign and print name

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