

SUBMISSION OF INTEREST - *NABERSNZ™ Accredited Assessor*

I hereby submit my application to attend the NABERSNZ™ Accredited Assessor training.

My preferred dates of training are: _____

Name	
Company name	
Position/job title	
Relevant qualifications	
Energy design/management/auditing experience	

Declaration

I declare that I have the required levels of public liability insurance (no less than \$500,000) and professional indemnity insurance (no less than \$1,000,000) as per NABERSNZ Company/Assessor Agreements (please provide details).
I commit to complete the Accredited Assessor exam within 1 month of training completion.
I understand that confirmation of attendance on the Accredited Assessor training is at the discretion of NZGBC as NABERSNZ administrator.
Signed :

Please complete and email through to education@nzgbc.org.nz.