

# APPLICATION FORM

VER2.0317

Member #: \_\_\_\_\_

## 1. APPLICANT DETAILS

SURNAME			FIRSTNAME		
ADDRESS					
	STATE			POSTCODE	
DATE OF BIRTH					
PHONE	MOB			(W)	
EMAIL					

## 2. CURRENT EMPLOYMENT INFORMATION

ARE YOU SELF EMPLOYED?	<input type="checkbox"/> YES. GO TO SECTION A	<input type="checkbox"/> NO. GO TO SECTION B
SECTION A COMPANY INFORMATION	POSITION	
	TRADING NAME	
	ABN	
	ADDRESS	
SECTION B COMPANY EMPLOYEE	POSITION	
	EMPLOYER NAME	
	CONTACT	
	PHONE	
	ADDRESS	

## 3. APPLICATION REQUIREMENTS

Please provide photocopies of: (nominate below)

- Trade Qualification (Panel Beater or Spray Painter) OR
- Evidence of a minimum 5 Years Assessor Experience OR
- Certificate IV Vehicle Loss Assessing (AUR40512 or AUR40514)

**You MUST provide a head and shoulders passport type photograph**

**PLEASE AFFIX  
PHOTO HERE**

#### 4. REFEREES

APPLICANTS MUST PROVIDE TWO REFEREES WHO ARE EITHER A BUSINESS ASSOCIATE OR CURRENT EMPLOYER.

<b>REFEREE 1</b>	NAME		MEMBER #	
	MOBILE			
	EMAIL			
	NUMBER OF YEARS KNOWN THE APPLICANT			

<b>REFEREE 2</b>	NAME		MEMBER #	
	MOBILE			
	EMAIL			
	NUMBER OF YEARS KNOWN THE APPLICANT			

#### 5. STATEMENT BY APPLICANT

I hereby apply for membership of the Institute of Accident Assessors to which in your judgement I am entitled, I further acknowledge that should it be found that any information provided in this application is false, inaccurate or misleading then the IAA Council may terminate my membership.

The IAA council reserve the right to reject your application and will return all documents back to the applicant.

I agree that if elected, I will be governed by the Memorandum and Articles of Association, Ethics and By-Laws of the Institute of Accident Assessors, as they are now formed or as they may hereafter be altered, so long as my connection with the Institute shall continue. I furthermore agree to promote the objects of the Institute so far as shall be in my power, and that in case of severance of my connection therewith, I will return any certificate or diploma of membership I may receive from the Institute in terms of the Memorandum and Articles of Association and By-Laws referred to.

APPLICANT SIGNATURE		DATE	
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**ONCE THE APPLICATION HAS BEEN ACCEPTED, NOTIFICATION WILL BE SENT BY EMAIL AND AN INVOICE WILL BE ISSUED. PAYMENT MUST BE MADE TO COMPLETE THE APPLICATION.**

<b>OFFICE USE</b>	Approved By: _____ Date: _____	<b>LEVEL</b> <input type="checkbox"/> Member
	Invoice: _____ Date: _____	
	Amount: _____ Paid Date: _____	Join Date: _____

# CODE APPROVED ASSESSOR REQUIREMENTS

## 4.3 CODE APPROVED ASSESSORS

- a) In the assessment of a Motor Vehicle under this Code, Signatories will only utilise the services of a 'Code Approved Assessor', commencing within 18 months of the noted date of this Code, or subsequently from the commencement of an assessor's employment with the Signatory or their agent.
- b) A Code Approved Assessor is a person who has:
- i. a trade qualification as a panel beater or spray painter; or
  - ii. more than five years' experience as a motor insurance assessor; or
  - iii. completed the CAC approved units, as set by the CAC from time to time, of the
  - iv. Certificate IV Vehicle Loss Assessing Course, being in the first instance August 2015, and until further such review;
    - o AURVNA4001 Provide vehicle loss assessment and identify repair requirements
    - o AURVNA4004 Apply insurance knowledge to vehicle loss assessment
    - o AURVNN4001 Evaluate vehicle bodywork for damage and identify repair requirements
    - o AURVNP4001 Evaluate vehicle paintwork for damage and identify refinish requirements
    - o AURVNA4002 - Provide vehicle total loss assessment;
    - o or their equivalent in the AUR Training Package.
- c) A Code Approved Assessor must have access to ongoing training and/or development through their employer or via membership of a relevant professional body.