

BUILDING CONTROL CONSULTANT EVALUATION

Consultant Name: _____ **Contact Person:** _____
Address: _____ **Telephone:** _____
_____ **Fax:** _____
_____ **Email:** _____

1. Consultant Details

1.1 Practice Area:

In no more than 20 words, please describe your practice area(s) – those areas in which you have knowledge and skills and the nature of your professional activities.

1.2 Consultancy Services Offered:

1.3 Details of Technical/Professional Staff (please include copies of documentation of membership status for verification)

Name:	Qualifications/Year	Current Professional Membership & Number	Experience/Expertise

1.3 Details of Indemnity Insurance (including any limitations or exclusions)

2. Quality Assurance

2.1	Does your organisation operate a Quality Assurance programme?	Yes	No
2.2	If yes, has your organisation been approved or accredited?	Yes	No
2.3	If yes, by what authority or standard?		
2.4	Does your organisation operate process quality control within the relevant activity?	Yes	No
2.5	If yes, is it documented and records maintained on a formal basis?	Yes	No
2.6	Does your organisation issue producer statements for design review work?	Yes	No
2.7	Does your organisation undertake internal technical and quality audits at least annually?	Yes	No
2.8	If yes, are they documented and recorded on a formal basis?	Yes	No
2.9	Does your organisation control and record non-conformance within an activity?	Yes	No
2.10	Does your organisation record corrective action on a formal basis?	Yes	No
2.11	Does your organisation have a self evaluation system?	Yes	No
2.12	If yes, is it documented and records maintained on a formal basis?	Yes	No
2.13	Is your organisation externally audited each year?	Yes	No
2.14	Do you have a Quality Manager (or however named)?	Yes	No
2.15	Do you have a Technical Manager (or however named)?	Yes	No
2.16	Does your organisation do peer review or design work for other organisations?	Yes	No
2.17	If yes, are any of these organisations building consent authorities?	Yes	No
Comments:			

3. Referees - 2 required.

Name: _____ **Name:** _____

Address: _____ **Address:** _____

Contact telephone: _____ **Contact telephone:** _____

Email Address: _____ **Email Address:** _____

Completed by: _____

Designation: _____ **Date:** _____

OFFICE USE

Consultant Name: _____

Acceptance Criteria and Evaluation

Is the consultant a chartered professional or do they have other trade-based skills?	
Membership of chartered professional organisation or other related professional organisation is current in area of expertise.	
Copies of verification documentation provided?	
Professional Liability Insurance.	
Area(s) of expertise offered by consultant.	

Notes

Approved: Yes/No

Scope of Approval and Limitations/Restrictions (if any)

Signed: _____ **Position:** _____

Name: _____ **Date:** _____