

Only Practicing Members are entitled to become AIBS Professional Standards Scheme (Scheme) Members.

All Practicing Members will be required to become Scheme Members unless they apply for and are granted an exemption from the Scheme.

Practicing members may apply for an exemption from the AIBS Professional Standards Scheme for the following reasons:

1. They work solely for a Local, State or Federal Government; or
2. They work solely as an Academic; or
3. They work solely for a Public Entity and do not undertake building surveying work; or
4. They work solely for a Body Corporate whose primary work is not building surveying and that Body Corporate is not able to meet the professional indemnity insurance requirements for the AIBS Professional Standards Scheme

Further information on exemptions from the AIBS Professional Standards Scheme can be found in the AIBS Extension of Liability & Exemption Policy Guidelines.

## **Application**

This form is to be completed any AIBS Practicing Member seeking to be exempted from the Scheme.

If a member is seeking an exemption from the Scheme, this form is required to be completed at the following times:

1. At the commencement of the Scheme
2. At annual membership renewal; or
3. When your employment or eligibility for an exemption from the Scheme changes.

Members who no longer become eligible for an exemption, change employment, or seek to cancel their exemption must notify AIBS immediately in writing at [memberservices@aibs.com.au](mailto:memberservices@aibs.com.au).

**Reason for seeking exemption:**

(Please tick the box of one applicable option below)

**I work solely for a local, State or Federal Government.**

Please specify name of the government body:

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**I work as solely as an Academic.**

Please specify name of the academic institution:

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**I work solely for a Public Entity and do not undertake building surveying work.**

Please specify name of the public entity:

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**I work solely for a Body Corporate whose *primary work is not building surveying* and that Body Corporate is not able to meet the professional indemnity insurance requirements for the AIBS Professional Standards Scheme.**

Please specify name of the body corporate and the nature of the work the Body Corporate:

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**Member Information**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Gender:                      Male                      Female                      Prefer not to say

**Declaration:**

I, \_\_\_\_\_

confirm and declare that the information provided on this form is true and correct.

**APPLICANT SIGNATURE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**OFFICE USE ONLY**

	Date	Actioned By
Exemption received		
Exemption saved and added to tracking sheet		
Exemption approved		
Added to exemption group		
Member notified		