

Application for Professional Membership

Full Membership

Associate Membership

Title:		Membership no.
First name:		
Surname:		
Address:		
Postal address (if different from above)		
Telephone:		
Mobile:		
Email:		
Other: (skype, facebook, linkedin)		
Date of birth:		Office Use only
What is your nationality? (if New Zealand National, supply copy of page one of passport or citizenship certificate)		Yes No Copy of passport
If not New Zealand citizen, do you have permanent residence? (please supply copy of permanent residency visa)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes No Copy of resident visa
Do you hold a current first aid certificate? (Please note that this is compulsory for DOC concession holders)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes No Copy of certificate
Do you hold a passenger endorsement license?	<input type="checkbox"/> Yes classes 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> <input type="checkbox"/> No	
Do you require ProGuides DOC concession ? (please note that you are required to follow the DOC guidelines which are available on request)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any educational qualifications related to guiding? (eg ATTTO)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify _____	

Indicate which would best describe your status as a guide.	<input type="checkbox"/> primary occupation <input type="checkbox"/> secondary occupation	<input type="checkbox"/> Owner / Operator <input type="checkbox"/> Self Employed / Freelance <input type="checkbox"/> Employed permanently <input type="checkbox"/> Employed seasonal <input type="checkbox"/> No longer practice <input type="checkbox"/> Trainee
What other work do you do?		
Do you belong to a tourism related organisation? (eg TEC NZ, BCA)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify _____	
Experience as a Tour Guide or Tour Manager		
Name of company 1:		
Type of company e.g. inbound tour operator		
How many years have you worked for this company?	Years: From: To:	
Number of weeks spent guiding per year:		
Number of tours guided:		
Name of company 2:		
Type of company e.g. inbound tour operator		
How many years have you worked for this company?	Years: From: To:	
Number of weeks spent guiding per year:		
Number of tours guided:		
Referees		
All applicants must nominate a referee from at least one company they have provided guiding services to.		
Name of Referee 1 :		
Company:		
Contact details: Phone/Mobile, Email		
Name of Referee 2 :		
Company:		
Contact details: Phone/Mobile, Email		
Indicate any specialist qualifications, knowledge or interests you have which are relevant to your professional engagements as a tour guide.		
Agriculture		Geology
Art		Golf
Architecture		History
Archaeology		Hunting

Diving		Music	
Economy		Maori Culture	
Fauna		Political Science	
Fishing		Sailing	
Flora		Skiing	
Food		Trekking	
Gardening		Wine	
Others – please list			
Indicate your level of language skills from 1-3 (1 = mother tongue, 2 = fluent (to guiding standard), 3 = basic to moderate)			
Arabic		Italian	
Cantonese		Japanese	
Danish		Korean	
Dutch		Mandarin	
English		Maori	
French		Polish	
German		Russian	
Hungarian		Spanish	
Others – please list			
According to the Unsolicited Electronic Messages Act, I give my permission to receive regular news and offers from ProGuides New Zealand. <input type="checkbox"/> Yes <input type="checkbox"/> No			
I agree that by default information about me will be published online on www.proguides.co.nz (Find a Guide). <input type="checkbox"/> Yes <input type="checkbox"/> No			
How did you hear about ProGuides NZ:			
What's your main reason to join ProGuides NZ:			

I declare that all information given is true and correct to the best of my knowledge and belief.

Applicant's signature

Date

Please scan and email your application and supporting documents to info@proguides.co.nz

If you are unable to scan documents then please mail them to 42A Wade River Road, Arkles Bay, Whangaparaoa 0932. If you mail your documents then there may be a delay in processing your application.

The Membership Secretary: Angela D'Aquaro Law. Phone 021 2118500.