



# RECORD OF SKILLS MAINTENANCE FORM

You can record and submit your skills maintenance requirements using this form. Skills maintenance combines both compulsory and elective activities that are relevant to the work you do. You will need to complete the following:

## SECTION A: ELECTIVE SKILLS MAINTENANCE

Minimum hours of elective activity required (choose highest that applies)

- Trade Licence Classes: 12 hours  
 Site & Design 1: 15 hours  
 Site & Design 2 & 3: 18 hours

## SECTION B: ON-THE-JOB LEARNING ACTIVITIES

Two examples of on-the-job learning activities required for your licence class

## SECTION C: COMPULSORY ARTICLES AND QUIZZES

Read all the specified Codewords articles and complete the quizzes for the licence class(es) you hold.

**RETURN THIS FORM WITH YOUR ANNUAL CONTACT FORM AND FEE**

Send the completed form by:

**Post:**

The Registrar  
Licensed Building Practitioner Scheme  
Ministry of Business, Innovation and Employment  
PO Box 50041  
Porirua

**OR**

**Email:**

licensing@lbp.govt.nz

## LICENSED BUILDING PRACTITIONER DETAILS

Full name:

BP number:

Date of birth:

 /  /   
day month year

## SECTION A: ELECTIVE SKILLS MAINTENANCE

### ELECTIVE ACTIVITY EXAMPLES

Conferences	Seminars or lectures	Trade events
Presentations and tutorials	Trade magazines	Courses or formal studies
Lecturing or teaching	Publishing professional articles	Research
Service to the industry	Mentoring (including supervising apprentices)	Health and Safety

ENTER THE DETAILS OF YOUR **ELECTIVE** SKILLS MAINTENANCE. REMEMBER TO INCLUDE ALL OF YOUR ACTIVITIES AND INCLUDE ADDITIONAL PAGES IF NEEDED.

Activity	
Date completed	Hours
Details of activity	
Activity	
Date completed	Hours
Details of activity	
Activity	
Date completed	Hours
Details of activity	
Activity	
Date completed	Hours
Details of activity	
Activity	
Date completed	Hours
Details of activity	
Activity	
Date completed	Hours
Details of activity	
Activity	
Date completed	Hours
Details of activity	

TOTAL HOURS EARNED

## SECTION B: ON-THE-JOB LEARNING ACTIVITIES

ENTER THE DETAILS OF YOUR **ON THE JOB** SKILLS MAINTENANCE. ON-THE-JOB LEARNING COVERS THE THINGS YOU LEARN WHILE YOU ARE WORKING IN THE INDUSTRY. PLEASE PROVIDE TWO EXAMPLES BELOW.

### ON-THE-JOB-LEARNING ACTIVITY 1

Building/Project Details:																	
Date completed:	<table border="1"><tr><td> </td><td> </td><td>/</td><td> </td><td> </td><td>/</td><td> </td><td> </td></tr><tr><td>day</td><td></td><td></td><td>month</td><td></td><td></td><td>year</td><td></td></tr></table>			/			/			day			month			year	
		/			/												
day			month			year											
Please tick the relevant area(s) of learning:	<input type="checkbox"/> REGULATORY KNOWLEDGE <input type="checkbox"/> HEALTH & SAFETY <input type="checkbox"/> TECHNICAL KNOWLEDGE & SKILLS <input type="checkbox"/> PROFESSIONAL SKILLS																
Briefly describe in 2-3 sentences: › Summary of the job/project and your role › What you learned and/or skills you refreshed																	

### ON-THE-JOB-LEARNING ACTIVITY 2

Building/Project Details:																	
Date completed:	<table border="1"><tr><td> </td><td> </td><td>/</td><td> </td><td> </td><td>/</td><td> </td><td> </td></tr><tr><td>day</td><td></td><td></td><td>month</td><td></td><td></td><td>year</td><td></td></tr></table>			/			/			day			month			year	
		/			/												
day			month			year											
Please tick the relevant area(s) of learning:	<input type="checkbox"/> REGULATORY KNOWLEDGE <input type="checkbox"/> HEALTH & SAFETY <input type="checkbox"/> TECHNICAL KNOWLEDGE & SKILLS <input type="checkbox"/> PROFESSIONAL SKILLS																
Briefly describe in 2-3 sentences: › Summary of the job/project and your role › What you learned and/or skills you refreshed																	

Please attach any evidence of your on-the-job-learning activities (eg, plans, photos, Record of Work, notes from site meeting etc) at the back of this form.

## COMPULSORY ARTICLES AND QUIZZES

**ENTER THE DETAILS OF COMPULSORY ARTICLES YOU HAVE READ. PLEASE LIST THE ISSUE AND THE NAME OF THE ARTICLE(S) (**NOTE: IN SOME PUBLICATIONS THESE ARTICLES WILL BE REFERRED TO AS 'LBP CODEWORDS' OR 'LBP KNOWLEDGE'**). INCLUDE ADDITIONAL PAGES IF NEEDED.**

Issue number(s)	Article Title(s)

## DECLARATION

I declare this is a true record of my skills maintenance activities. I understand that the Registrar can ask to see my personal skills maintenance records that support this claim and that this would be an audit of my skills maintenance. If the information I provide is audited and found to be incorrect or misleading, I understand that my licence may be suspended immediately. I understand that it is an offence under the Building Act 2004 to provide incorrect or misleading information.

Signature \_\_\_\_\_ Date 

--	--

 / 

--	--

 / 

--	--	--

  
day month year

**Privacy notice:** Any personal information submitted in this form will be kept and maintained by the Registrar and the Building Practitioners Board in accordance with the Privacy Act 1993. Information will be used to determine whether your initial and continued licensing may be granted, and for complaints and disciplinary processes. Personal information may also be used to maintain and administer the Register. You have the right to access, and to have corrected, any information about you that is held by the Registrar and the Building Practitioners Board.

For help, call us on **0800 60 60 50** on Monday to Thursday between 8.00 am to 5.00pm, Friday from 9.00 am to 5.00 pm or email **licensing@lbp.govt.nz**.