



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:	<input type="text"/> / <input type="text"/> / <input type="text"/> 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:	<input type="text"/> / <input type="text"/> / <input type="text"/> 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.

