INSTITUTE OF CONSTRUCTION CLAIMS PRACTITIONERS

Referee Endorsement Form

This form should be completed by a person who is a member of a construction industry professional institute or professional organisation and who has known the applicant in a professional capacity for a minimum of two years.

Applicant's name:	
Referee name:	
Referee address:	
Referee email:	
Referee telephone:	
Referee's membership of professional institutes (state membership level):	
Referee job title:	
Referee's employer:	
Referee's professional relationship with applicant:	
How many years have you known the applicant in a professional capacity?	
Additional comments by the referee:	

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All documents should be **reviewed and signed** by your referee. Please place an 'X' in each of the relevant boxes below to confirm that this has been done.

First Time Application (ignore if you are applying for a membership upgrade):

	Reviewed	Signed
Application Form:		
Applicant's CV:		
Details of Claims Experience Form:		

Member Upgrade Application (ignore if you are applying for membership for the first time):

	Reviewed	Signed
Member Upgrade Form:		
Applicant's CPD records:		

Referee Declaration

I have reviewed the documents indicated above and confirm that, to the best of my knowledge, the information contained therein is correct.

Referee's signature:	
Date:	