**Fellowship application form**

Before submitting your application please be aware of the following:

* Your CPD record must be up-to-date and recorded on your SCSI online account.
* If you have outstanding conduct issues on your record, your application cannot be processed.
* If your application is successful, you will pay a higher annual subscription.

Email your completed application to [education@scsi.ie](mailto:education@scsi.ie).

**Application fee**

The assessment fee is €250.

**How to pay**

You can pay by one of the following methods. Please indicate your chosen method.

Bank transfer

Credit card (you will be contacted by phone to arrange payment)

Following election to fellowship, you will be required to pay the fellowship subscription fee. In your first year this will be the difference between any membership subscription you have paid and the fellowship subscription fee.

**Paying by bank transfer**

Bank transfer details

BANK OF IRELAND, BAGGOT STREET

BIC: **BOFIIE2D**

IBANNo: **IE63 BOFI 9014 9072 5988 06**

Please ensure you quote your SCSI membership number and full name as reference on payment.

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| **Personal details** | |
| **Membership number** | Click here to enter text. |

Please check and update your contact details at [www.scsi.ie](http://www.scsi.ie)

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| **Personal statement on current role, practices and ambitions** Maximum 500 words |
| Click here to enter text. |

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| **Employment history** Start with the most recent. Include all relevant roles. | | | |
| **Employer** | **Position/job title** | **Date from** | **Date to** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Overview of scope and responsibilities**  Click here to enter text. | | | |
| **Employer** | **Position/job title** | **Date from** | **Date to** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Overview of scope and responsibilities**  Click here to enter text. | | | |
| **Employer** | **Position/job title** | **Date from** | **Date to** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Overview of scope and responsibilities**  Click here to enter text. | | | |

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| **Academic qualification(s)** | | |
| **Subject** | **Qualification** | **Date achieved** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

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| **Professional body membership(s)** | | |
| **Professional body** | **Grade** | **Date achieved** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Characteristic 1** | | |
| Select characteristic. | | |
| **Written statement (maximum 500 words)**  Click here to enter text. | | |
| **Description of third party evidence**  Click here to enter text. | | |

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| **Characteristic 2** |
| Select characteristic. |
| **Written statement (maximum 500 words)**  Click here to enter text. |
| **Description of third party evidence**  Click here to enter text. |

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| **Characteristic 3** |
| Select characteristic. |
| **Written statement (maximum 500 words)**  Click here to enter text. |
| **Description of third party evidence**  Click here to enter text. |

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| **Characteristic 4** |
| Select characteristic. |
| **Written statement (maximum 500 words)**  Click here to enter text. |
| **Description of third party evidence**  Click here to enter text. |

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| **Referee** Must be MRICS/MSCSI or FRICS/FSCSI. Your referee may be contacted. | |
| **Name** | Click here to enter text. |
| **Membership number** | Click here to enter text. |
| **Employer** | Click here to enter text. |
| To the best of my knowledge, I confirm that the information provided by the applicant within this application is correct. | |
| **Signature** |  |
| **Date** | Click here to enter a date. |

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| **Diploma name**  If your application is successful, you will receive a Fellowship diploma. Please indicate how you would like your name to appear on your diploma. | |
| **First name** | Click here to enter text. |
| **Middle name(s)** | Click here to enter text. |
| **Last name** | Click here to enter text. |

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| **Declaration** | |
| I confirm that I have completed this document in line with the fellowship applicant guide and that all documentation is based on my own achievements. | |
| **Signature** |  |
| **Date** | Click here to enter a date. |