 

Final Assessment of Professional Competence and Application for Election as a Professional Member – Graduate Routes 1 and 2

# Section 1 Personal Details

(PLEASE USE BLOCK CAPITALS)

Name: Surname:

Correspondence Address (including Eircode):

Phone: Fax: email:

Company: Job Title: Date of Appointment

I wish to apply for final assessment in the Assessment of Professional Competence ( Professional Group). This application incorporates my application for election as a Professional Member and I understand that if I am referred in any part of the APC assessment my election application will be cancelled.

Signature of Candidate: Date:

We, the undersigned, propose and recommend the candidate from personal knowledge, or from careful enquiry, as in every respect worthy of election and propose him/her to the Council as a proper person to be admitted into the Society.

Signatures of the proposers and seconders (who must be Fellows or Professional Members of the Society). At least one of the signatories should be a Fellow and no more than two of the signatories should be from the candidate’s firm or organisation.

Names in Block Capitals Grade Signature Company Address

# Section 2 Qualifications for Membership

I gained entry on to the APC through the following qualification:

Title of Course: College:

Year of Graduation:

Please give details of any other professional or academic qualifications which you hold:

# Section 3 I wish to apply to be assessed through the following pathway:

|  |  |
| --- | --- |
| **Pathway** | **Please indicate prime areas of practice** |
| Arts and Antiques |  |
| Building Control |  |
| Building Surveying |  |
| Commercial Property |  |
| Environment |  |
| Facilities Management |  |
| Housing Management and Development |  |
| Machinery and Business Assets |  |
| Management Consultancy |  |
| Minerals and Waste Management |  |
| Planning and Development |  |
| Property Finance and Construction |  |
| Quantity Surveying and Construction |  |
| Research |  |
| Residential Property Practice |  |
| Residential Survey and Valuation |  |
| Rural Surveying |  |
| Valuation |  |

Section 4 Employment Details

Current Employer’s Details:

Company Name:

Address:

Telephone: Email: Fax:

|  |
| --- |
| **Nature of Business (please tick appropriate box)** |
| * Private Practice
 | * Building/Civil Engineering Contractor
 |
| * Government Dept
 | * Property Development Co
 |
| * Local Government
 | * Other Commercial Development Co
 |
| * Other Public Sector
 | * Other (please specify)
 |

Job Title: Date of Appointment:

# Employer’s Declaration

I certify that is employed as a surveyor in my office and that the above details are correct.

Name of principal/head of department and qualifications: (BLOCK CAPITALS please)

Signature:

# Section 5 (To be signed by the candidate)

I, the undersigned, being proposed for election as a member of the SOCIETY OF CHARTERED SURVEYORS IRELAND do hereby promise that in the event of my election, I will abide by the Bye-Laws and Regulations of the said Society, as they now exist, or as they may hereafter be altered, amended or enlarged. I promise to promote the objects of the said Society as far as shall be in my power, and to attend the meetings thereof as often as I conveniently can, provided that whenever I shall signify in writing to the Honorary Secretary that I am desirous of withdrawing my name therefrom, I shall (after payment of any arrears which may be due by me at that period and subject to the said Bye-Laws) be from this obligation and will return my diploma forthwith. I also engage that I will not at any time after ceasing to be a member, use or permit to be used with my name, or the name of any firm under taking with which I may at any time be associated, any expression whatever, denoting or suggesting membership of or connection with the Society or referring to my past membership of the Society.

Witness my hand this day of 20

**Signature of Candidate:**

**Date of Appointment:**

# Section 6 (To be signed by the candidate)

If you consider yourself to have a disability (e.g. learning, access, visual, visual, hearing, speech, other)please provide further information below

All of these must be supported in writing and certified accordingly. The supporting evidence must suggest what reasonable adjustments SCSI/RICS should take into consideration.