

SCSI/RICS Associate Assessment Submission Documentation

Personal Details

Candidate Name: _____

Membership Number: _____

Pathway: _____

Date: ____/____/____

Please indicate and provide details below if you have any of the following disabilities, and wish the assessor to take this into account for your submission:

Learning, such as dyslexia	<input type="checkbox"/>	Hearing	<input type="checkbox"/>
Access	<input type="checkbox"/>	Speech	<input type="checkbox"/>
Visual	<input type="checkbox"/>	Other, please provide details	<input type="checkbox"/>

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.

Contents

Associate Getting Started

Template 1 – Candidate details and Checklist

Template 2 - Summary of Experience – Mandatory Competencies

Template 3 – Summary of Experience – Technical Competencies/Supervisory Competencies

Template 4 - Case Study

Template 5 – Professional Development Record

Template 6 – Associate Declaration

For Referred Candidate ONLY

Template 7 - Associate Referral Report

Associate Getting Started

Membership of SCSI/RICS gives you a genuine competitive advantage in your career and is highly regarded by employers and clients around the globe. Becoming an SCSI/RICS Associate (AssocSCSI/AssocRICS) provides the opportunity, if you have relevant work experience or qualifications (or a combination of the two), to enhance your status and gain the recognition you deserve.

This documentation must be completed with reference to the Associate Assessment Candidate Guide and your relevant pathway guide.

Introduction

For the Associate Assessment, you are required to complete all the relevant templates within the Associate Submission document to demonstrate your competence for your specific role. You must submit the whole document electronically in a PDF format.

You must provide the following written evidence:

- Summary of experience against required competencies for your chosen pathway
- Case study
- Continuing professional development

This document provides the templates you need to complete to provide the assessor with the information, evidence and documents they need to assess you.

Submission templates

This submission document must be completed by all Associate candidates; it is made up of 7 templates. The purpose of each template is outlined below:

Candidate details and checklist

Purpose - to supply basic information about you and to ensure you include all the relevant documents for your Associate Assessment.

Summary of Experience - Mandatory competencies

Purpose - to confirm you have achieved the defined level of mandatory competencies for your chosen pathway. (1000 words in total) You are not required to write Conduct rules, ethics and professional practice because you will demonstrate this by completing the ethics module and test.

Summary of Experience - Technical/Supervisory competencies

Purpose – to provide a record of the experience you have gained in relation to SIX technical competencies for your chosen pathway. (2000 words in total). If you have 10 years or more relevant experience then you have the option to replace two of the technical competencies with two of the supervisor competencies to reflect the fact you have moved to a more management-focussed position. Refer to your pathway guide for further details.

Case Study

Purpose – to illustrate your level of professional practice. The focus of the case study must be on one recent project that enables you to show what involvement you have had in the project, what support you provided and what decisions you took and why. The project you choose should allow you to demonstrate at least TWO technical competencies. (2,500 words in total)

You may attach supporting documents to your case study such as illustrations, calculations or plans.

Professional Development Record

Purpose - to capture all your professional development you have completed over the past 12 months. (A minimum of 48 hours). If you are a referred candidate this will need to be updated to reflect the professional development you have completed since your last assessment this should be 4 hours per month since you last took the assessment.

Associate Declaration

Purpose – to confirm you and your counsellor have read, agreed and signed the Associate Declaration.

For Referred Candidates ONLY

Associate Referral Report

Purpose – to confirm you have attached a copy of your Associate Referral Report, this is so the Associate Assessors can see the areas that you were told to develop further in your previous assessment.

Please note if you are submitting within 12 months of your last assessment then you only need to amend the competencies you were referred on.

Please ensure you follow the instructions in each section and do not exceed the word count given as this may result in your submission being returned. Please do not include the Associate Getting Started section within your submission.

1. Candidate details and checklist

Candidate details

Candidate Name:		
Candidate Number:		
Date of Birth:	dd/mm/yyyy	
Pathway	Facilities Management, Residential Property Management and Commercial Property Management	
Number of years of relevant experience:		
Do you have relevant qualifications?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'YES' to either of the above, what subject?		
Employer/organisation:		
Counsellor:	Name	SCSI/RICS Membership Number
Month and Year of Assessment:	Month	Year (YYY)
Any Special Considerations:	Disabilities etc	
Previously Referred at Associate:	Yes / No	Number of previous assessment attempts
Case Study Title :		

Checklist

Associate Submission	Candidate - enter 'X' to confirm complete (If you are a referred candidate only indicate the templates that you have updated for re assessment)	SCSI (office use only)
Candidate Details	<input type="checkbox"/>	
Summary of Experience – Technical competencies	<input type="checkbox"/>	
Summary of Experience – Mandatory competencies	<input type="checkbox"/>	
Case Study	<input type="checkbox"/>	
Continuing Professional Development	<input type="checkbox"/>	
Below to be completed by Referred candidates ONLY		
Which technical and mandatory competencies are being reassessed?		
1.		
2.		
3.		
4.		
5.		
6.		

2. Summary of Experience - Mandatory Competencies

There are eight mandatory competencies – these are the ‘softer’ skills that all responsible practitioners need, regardless of their SCSI/RICS pathway. Please refer to your Associate pathway guide for the details of the mandatory competencies. These competencies are essential: they demonstrate your ability to work with colleagues, meet client requirements, manage your own work and act with honesty and integrity. Please provide a brief example for each to demonstrate you have met each of them in the relevant box below. You are not required to write about Conduct rules, ethics and professional practice because you will demonstrate it by completing the ethics module and test. **Please note you have a 1000 - word limit in total.**

Mandatory Competencies	Summary of how you meet competency requirements
Client care	
Communication and negotiation	
Conflict avoidance, management and dispute resolution procedures	
Data management	
Health and safety	
Sustainability	
Teamworking	

3. Summary of Experience – Technical/Supervisory Competencies

Your summary of experience should be no more than 2,000 - words in total. If you have 10 years or more relevant experience then you have the option to replace two of the technical competencies with two of the supervisor competencies to reflect the fact that you have moved to a more management-focussed position. Refer to your pathway guide for further details.

Technical Competency	Summary of Experience
1. Insert name	
2. Insert name	
3. Insert name	
4. Insert name	
5. Insert name	
6. Insert name	

Supervisory Competencies	Summary of Experience
Insert name	
Insert name	

4. Case Study

Submit one case study of **2,500** words. The focus of the case study must be on one specific project you have been involved in recently. If possible select a project you have worked on in the last 2 years. The project you choose **MUST** allow you to demonstrate at least **TWO** technical competencies from your chosen pathway, and how you used the competency skills

Case study title - Please provide a descriptive title for your case study

1. Context / Introduction

In this section you should describe the context for the case study e.g set the scene with some details of your career, what the project is, what your role is, what competencies you believe the case study demonstrates – please note this does not count towards your word count. (Max 500 words).

2. The Approach

What did you do? What was your level of responsibility? Who were the stakeholders? What was the timeline? Focus mainly on two technical competencies.

3. The result

What did you achieve?

4. Lessons Learned

What did you learn from this? What barriers did you face? What would you do differently next time? What can others learn from this?

Competencies demonstrated in this case study

Please insert the technical and mandatory competencies demonstrated in this case study. (Only insert supervisory competencies if applicable.)

Technical competencies	Mandatory competencies
1.	
2.	
3.	
4.	
5.	
6.	

Total Word Count: =

5. Record of Professional Development

Please list the professional development you have completed over the past 12 months. You must refer to a minimum of 48 hours of training and development and at least 50% must be dedicated to formal development.

Date	Professional Development	Hours
dd/mm/yyyy	Activity type: [Private study, organised or structured learning, research, work based learning, seminar or course etc] Purpose: [Why did you do this learning? What did you aim to learn] Description: [What did you do?] Learning Outcomes: [Evaluate your learning and highlight key areas of development] Formal or Informal:	[Note the number of hours spent undertaking this activity in the last 12 months]
dd/mm/yyyy	Activity type: Purpose: Description: Learning Outcomes: Formal or Informal:	
dd/mm/yyyy	Activity type: Purpose: Description: Learning Outcomes: Formal or Informal:	
dd/mm/yyyy	Activity type: Purpose: Description: Learning Outcomes: Formal or Informal:	
dd/mm/yyyy	Activity type: Purpose: Description: Learning Outcomes: Formal or Informal:	
dd/mm/yyyy	Activity type: Purpose: Description: Learning Outcomes: Formal or Informal:	
dd/mm/yyyy	Activity type: Purpose: Description: Learning Outcomes: Formal or Informal:	
dd/mm/yyyy	Activity type: Purpose: Description: Learning Outcomes: Formal or Informal:	
dd/mm/yyyy	Activity type: Purpose: Description: Learning Outcomes: Formal or Informal:	

6. Associate Declaration

Application for assessment as an Associate Member of SCSi/RICS

(This declaration must be signed by the candidate and the counsellor/proposer)

Candidate to complete:

I have read, understand and undertake the following:

- to comply with the SCSi/RICS Bye laws and Regulations as they now exist, or as they may in the future be amended and also to comply with such other requirements as Governing Council shall determine;
- to promote the objects of SCSi/RICS as far as in my power;
- not at any time after ceasing to be a member to use or permit to be used in conjunction with my name, or name of any organisation with which I may at anytime SCSi/RICS associated, any designation or expression denoting or suggesting membership or any connection with SCSi/RICS
- to pay promptly any monies due to SCSi/RICS, including but not limited to any fee, subscription, levy, arrears, fine or other penalty, or reimbursement in accordance with any scheme of compensation, or in respect of any goods or services commissioned by me from SCSi/RICS
- To declare any criminal conviction within 30 days
- That should I wish to terminate my membership, to so signify in writing to the Director General

I confirm the following:

- The work I am submitting for assessment is my own work and a true reflection of my experience, qualifications and development.
- I have disclosed any charge or conviction of a criminal offence where the penalty could be imprisonment, unless it is now a spent conviction, as provided in a rehabilitation of offenders Act 1974 or the equivalent in my jurisdiction.
- I have disclosed the full details of any pending disciplinary proceedings or adverse findings made against me by another regulatory body within the last 3 years.
- I have disclosed whether I am undischarged or bankrupt, or within the last 3 years have been subject to any insolvency proceedings or other arrangements with creditors in respect of my debts (such as insolvency voluntary arrangement)

I understand and accept that I am accountable for the truth of this declaration, that SCSi/RICS reserves the right to interview me, or contact my counsellor/proposer or employer as part of the Associate Assessment quality assurance process.

If at any time SCSi/RICS discovers that I have failed to disclose any of the above or that I have provided false information it has the right to terminate my membership with immediate effect. (with no further obligation to refund any subscriptions or fees)

Candidate

Name (block capitals) _____

Membership Number _____

Firm Name _____

Signature _____

Date ____/____/_____

Counsellor/Proposer to complete:

Candidate name _____

Candidate membership number _____

I, the undersigned, having read and understood the summary of experience, case study and professional development of the candidate. I can verify this is a true and accurate representation of the candidate's own work, training and experience.

All required documentation is present and has been prepared in line with the requirements of the SCSi/RICS Associate Assessment process. The candidate has met the competencies for his/her chosen pathway as defined by SCSi/RICS.

I, propose and support the above named candidate from professional knowledge of his/her professional competence and achievements as being a fit and proper person to be admitted as an Associate member of SCSi/RICS.

I understand and accept that I am accountable for the truth of this declaration in support of the above named Associate candidate. I am aware that as part of the assessment quality assurance process, SCSi/RICS reserves the right to contact me and the company I represent to verify any element of the application. Any false declaration may also result in my professional qualification and standing falling under investigation.

Counsellor

(Only required if your counsellor is not an Associate Member (of four years of more), a Professional Member, or Fellow of SCSi/RICS/IPFMA)

Name (block capitals) _____

Membership Number _____

Grade of membership held with SCSi/RICS _____

Firm Name _____

Signature _____

Date ____/____/_____

Proposer

(Only required if your counsellor is not an Associate Member (of four years of more), a Professional Member, or Fellow of SCSi/RICS)

Name (block capitals) _____

Membership Number _____

Grade of membership held with SCSi/RICS _____

Firm Name _____

Signature _____

Date _____

7. Associate Referral Report

Please attach a copy of your referral report.