

### **Senior Professional Route – Submission Checklist**

Professional Interview Submissions must be submitted in triplicate, and follow the format of the Senior Professional Route Interview Submission Pack, including

- Personal Details, including Academic Qualifications and Membership of Other Professional Bodies
- Application for Election as a Professional Member
- Senior Professional Route Resume
- Record of Competencies – Mandatory, Core and Optional
- Summary of Experience
- Professional Development Record
- 3 x Case Studies

The submission must be accompanied by a fee of €300

# Senior Professional Route resumé template

## RICS/SCSI Assessment of Professional Competence

(Please type in the information - DO NOT submit a handwritten application form)

Current position:

Employer:

How many years' relevant surveying experience do you have? 5-9  10+

Please indicate your APC faculty pathway (please select only **one** pathway):

- |   |  |
|---|--|
| <input type="checkbox"/> Antiques and fine arts           | <input type="checkbox"/> Planning and development          |
| <input type="checkbox"/> Building Control                 | <input type="checkbox"/> Project management                |
| <input type="checkbox"/> Building surveying               | <input type="checkbox"/> Property finance & investment     |
| <input type="checkbox"/> Commercial property              | <input type="checkbox"/> Property Management               |
| <input type="checkbox"/> Environment                      | <input type="checkbox"/> Quantity surveying & construction |
| <input type="checkbox"/> Facilities management            | <input type="checkbox"/> Research                          |
| <input type="checkbox"/> Geomatics                        | <input type="checkbox"/> Residential                       |
| <input type="checkbox"/> Housing management & development | <input type="checkbox"/> Rural                             |
| <input type="checkbox"/> Machinery and business assets    | <input type="checkbox"/> Taxation allowances               |
| <input type="checkbox"/> Management consultancy           | <input type="checkbox"/> Valuation                         |
| <input type="checkbox"/> Minerals and waste management    |  |

Are you applying as an expert specialist? Yes  No

If Yes, what is your specialist area? \_\_\_\_\_

### 1. Personal details

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Telephone (office): \_\_\_\_\_

Telephone (home): \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

**2. Education:** (please list all academic qualification(s)). For each qualification, please indicate if you studied for the full duration of the course or whether you gained advanced entry to the course. If you gained advanced entry, which year of the course did you enter at (e.g. year 3 of a possible 5)?

University/institution (please include country)	Degree/diploma name	Type of study (full time, part time, placement year, flexible study)	Full course or advanced entry	Date started (and year of course if not year 1)	Date completed

### 3. Any other relevant professional qualification(s): (if it applies)

Name of organisation	Grade	How membership was achieved (e.g. examination)	Year gained

**4. Senior Professional Checklists:** The following two checklists will help you decide whether you are likely to be regarded by a review panel as senior. Please provide a minimum of 250 words per characteristic chosen citing specific examples. You may provide this as an appendix to this application form.

**Note:** you should not expect all of these to apply to you but please indicate where you feel your strengths lie.

#### Checklist 1: senior management position

Position in the organisation structure	Tick if applicable	Managing resources	Tick if applicable
Decision making	Tick if applicable	Managing people	Tick if applicable
International dimension	Tick if applicable	Client base	Tick if applicable
Recognition	Tick if applicable	Contribution & Responsibility	Tick if applicable
Seniority	Tick if applicable		

#### Checklist 2: expert status

Position in the organisation	Tick if applicable	Publications	Tick if applicable
Record of specialist consultancy work	Tick if applicable	Record as expert speaker at high level conferences	Tick if applicable
Used by other professional bodies as an adviser, author, board member	Tick if applicable	Expert witness, court or other official appointment as an expert	Tick if applicable
Record of (guest) lecturing	Tick if applicable	Degree qualification beyond master's level (PhD or similar)	Tick if applicable
Dispute resolution in a specific technical area			

## 5. Professional experience:

(Please list all employer details to date, starting with the most recent, going back at least 10 years if needed.)

Period	Job title	Employer	Type and scope of responsibilities (in detail)

## 6. Organisation structure chart

- Please **attach** a structure chart of your organisation to your completed resumé template.

**Note:** If any additional paper is needed, please mark clearly the section it refers to, and attach it securely to this document.

### Please forward your completed resumé & structure chart to:

SCSI Education Office  
38 Merrion Square  
Dublin 2  
Ph: 01 6445500  
Fax: 01 6611797

[Education@scsi.ie](mailto:Education@scsi.ie)

## Assessment of Professional Competence (APC) Mark Sheet

Please  
attach  
photo

Name of Candidate: \_\_\_\_\_

Membership Number: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Company/Firm: \_\_\_\_\_

Previously Referred:  Yes  No

Membership Route: \_\_\_\_\_

Professional Group: \_\_\_\_\_

Pathway: \_\_\_\_\_

**For Panel use only. Do not write beneath this line.**

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Final Assessment (this form should be completed by all 3 panel members)

Overall Assessment	Refer	Pass
Training and Experience		
Summary of Experience		
PQSL		
Critical Analysis		
Record of Progress		
Presentation		
Interview		

Overall result: **Pass/Refer** (delete as appropriate)

Chairman (BLOCK CAPITALS): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Assessor: \_\_\_\_\_ Assessor: \_\_\_\_\_

## Assessment of Professional Competence Professional, Education and Employment Details

### Section 1 Personal Details

(PLEASE USE BLOCK CAPITALS)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Section 2 Educational Details

Please use this space to write down details of post-secondary education:

Name of Establishment	Qualification	Date

## Professional Employment Record

### Section 3 Employment Details

Please complete the following table starting with the **most recent** employment:

Name of <b>current</b> employer:	
Commencement Date:	Counselor:
Position Held:	
<p><b>Type of work undertaken in relation to the competency requirements of your chosen pathway</b> (refer to the APC Requirements and Competencies guide, you may just list the competency reference or title:</p> <p>_____</p> <p>_____</p> <p>_____</p>	

Section 3 Employment Details (continued)

**Previous Employer**

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Position Held: \_\_\_\_\_

Counsellor: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

**Previous Employer**

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Position Held: \_\_\_\_\_

Counsellor: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

**Previous Employer**

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Position Held: \_\_\_\_\_

Counsellor: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_





## Referred Candidate Record

(Summary of forward plan – in preparation for re-assessment)

Competency Title and Reference	Dates	Summary of Experience/Training Completed
Mandatory (max. 500 words)		
Core (max. 500 words)		
Optional (max. 500 words)		
PQSL (max. 500 words)		

## Referred Candidate Record

### (Summary of progress – additional training period)

Competency Title and Reference	Dates	Summary of Experience/Training Completed	Training Planned (between application date and final assessment, if applicable)
Mandatory (max. 500 words)			
Core (max. 500 words)			
Optional (max. 500 words)			
PQSL (max. 500 words)			

## Senior Professional Route Interview Submission

Please complete by returning all the items listed below (bound, in triplicate) to:  
Education and Membership, Society of Chartered Surveyors Ireland, 38 Merrion Square, Dublin 2

<b>Part 1</b>	Application form with relevant supporting signatures
<b>Part 2</b>	Template 1 – résumé
<b>Part 3</b>	Template 2 – competencies
<b>Part 4</b>	Template 3 – summary of experience
<b>Part 5</b>	Template 4 – professional development
<b>Part 6</b>	Case Study 1
<b>Part 7</b>	Case Study 2
<b>Part 8</b>	Case Study 3

## Section 1 Personal Details

Forename	_____
Surname	_____
Title	_____
APC Pathway (e.g. Quantity Surveying)	_____
Correspondence address*	_____
	_____
	_____
* Please note that all SCSl communication will go to this address.	
Telephone number	_____
Mobile number	_____
Date of birth	__D D / __M M / __Y Y
Nationality	_____
Business name and address	_____
	_____
	_____
Direct line	_____
Preferred e-mail	_____

## Section 2 Academic Qualifications

Please enclose a photocopy of your academic qualifications and provide the following:

Educational establishment and location	_____
	_____
	_____
Exact title of degree/diploma	_____
E.g. BSc (Hons) Quantity Surveying	
Date started	_____
Date completed	_____

## Section 3 Membership of Professional Organisation (if this applies)

<b>Do you belong to a professional organisation, e.g. CIOB, RTPI?</b>	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Name of organisation	_____
Your grade of membership	_____
Name of organisation	_____
Your grade of membership	_____
Name of organisation	_____
Your grade of membership	_____

# Application for Election as a Professional Member

**CANDIDATE NAME:** \_\_\_\_\_

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

For the signatures of the proposer and seconders, (who must be Fellows (FSCSI) or Members (MSCSI) of SCSi), at least one should be a Fellow and no more than two should be from the applicant's employing firm or organisation.

## Proposer

Name (Block Capitals)	_____	
Membership Number	_____	
Grade (Please tick)	FSCSI <input type="checkbox"/>	MSCSI <input type="checkbox"/>
Firm Name	_____	
Signature	_____	

## Seconders

Name (Block Capitals)	_____	
Membership Number	_____	
Grade (Please tick)	FSCSI <input type="checkbox"/>	MSCSI <input type="checkbox"/>
Firm Name	_____	
Signature	_____	

Name (Block Capitals)	_____	
Membership Number	_____	
Grade (Please tick)	FSCSI <input type="checkbox"/>	MSCSI <input type="checkbox"/>
Firm Name	_____	
Signature	_____	

# Declaration for Senior Professional Applications

CANDIDATE NAME: \_\_\_\_\_

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 free 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 of the Society, use or permit to be used with my name, or the name of any firm or 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.

Signature (and name in capitals) \_\_\_\_\_

Date \_\_\_\_\_



**Optional competencies**

Competency number	Competency title	Level achieved as per the APC requirements and competencies guide

Please use this list as reference for your summary of experience in Part 3.



### Part 3 Summary of Experience

In addition to the information provided in your résumé, please provide commentary on your career, explaining how it demonstrates the competencies listed in Part 2. It needs to demonstrate your 'senior' position and that your work experience reflects the core competencies.

Part 3 Summary of Experience / continued

## Part 4 Professional Development

Professional development is the systematic updating and enhancement of skills, knowledge and competence that takes place throughout your working life. It should be closely linked to your current work and most likely will focus on management or management-type training. Please include professional development hours from the last 12 months.

### Step 1 – Appraisal

#### A. Current Professional Role (main areas of responsibilities)

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- 
- 
- 

#### B. Key Strengths

- 
- 
- 
- 

#### C. Short Term Development Needs/Areas for Improvement

- 
- 
- 
- 

#### D. Long-term career/development goals

- 
- 
- 
-

Part 4 Professional Development continued

Step 2 - Planning

Development Objective (Learning Goals)	Method of Attainment	Timescale of Attainment

## Part 4 Professional Development continued

### Step 3 – Evaluation

Development Objective (Learning Goals)	Method of Attainment	Timescale of Attainment



## Part 5 Case Study 1

Please use this space to outline for first case study. You can substitute a maximum of two of the case studies with published articles or presentations that have been undertaken in the 3 year prior before the interview. If this is the case please scan and attach an electronic copy to this application. Please refer to the guidance for more detail.

## Part 5 Case Study 2

Please use this space to outline for second case study. You can substitute a maximum of two of the case studies with published articles or presentations that have been undertaken in the 3 year prior before the interview. If this is the case please scan and attach an electronic copy to this application.



### Part 5 Case Study 3

Please use this space to outline for third case study. You can substitute a maximum of two of the case studies with published articles or presentations that have been undertaken in the 3 year prior before the interview. If this is the case please scan and attach an electronic copy to this application.