

## 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: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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)	
<input type="checkbox"/> Private Practice	<input type="checkbox"/> Building/Civil Engineering Contractor
<input type="checkbox"/> Government Dept	<input type="checkbox"/> Property Development Co
<input type="checkbox"/> Local Government	<input type="checkbox"/> Other Commercial Development Co
<input type="checkbox"/> Other Public Sector	<input type="checkbox"/> 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, 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.