

Final Assessment of Professional Competence and Application for Election as a Professional Member – Professional Route

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 Mr/Mrs/Miss/Ms _____ 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.