

Membership Application to Enrol for the Assessment of Professional Competence (APC) Graduate Routes 1 & 2

Section 1 Personal Details

(PLEASE USE BLOCK CAPITALS)

Mr/Miss/Mrs/Ms Name: _____ Surname: _____

Correspondence Address: _____

Phone: _____ Fax: _____ Mobile: _____

*Email: _____ Date of Birth: _____

Company: _____

Job Title: _____ Date of Appointment: _____

*All notifications of events etc. are sent by email

I am already enrolled as an Associate Trainee of the Society: Yes No

If enrolled, please give your registration number: _____

Note

When an applicant is not already enrolled as an Associate Trainee of the Society or having enrolled as an Associate Trainee is now eligible for transfer to Trainee grade, this form also serves as an application for admission to the appropriate grade.

Section 2 Academic Details

I am taking/have completed the following RICS/SCSI accredited course. I attach evidence of my enrolment/successful completion (copy certified by a Chartered Surveyor).

Do not send original certificates.

Name of Third Level Institute: _____

Title of Accredited Degree/Diploma: _____

Date of Commencement: _____ (Expected) Date of Completion: _____

Section 3 Employer's Declaration

This section should be completed by the head of department in which the candidate is employed. In the case of candidates employed in private practice, the signature should be that of a partner/principal.

- I have read the APC guide for supervisors, counselors, and employers. I understand the training responsibility involved in the candidate's employment.
- I understand the need for regular assessment of the candidate's development towards proficiency in the competencies required and undertake to ensure that the candidate's application for final assessment is not endorsed until I am satisfied that he/she has fulfilled the requirements of the APC.
- I undertake to use my best endeavors to provide the candidate with the experience and training necessary to fulfil the Society's requirements but note that the ultimate responsibility for success lies with the candidate.

Employer's Name (Including qualifications): _____

Job Title: _____

Employer's Signature: _____

Section 4 Candidate's Supervisor

(See APC Guide for Supervisors, Counsellors and Employers)

Supervisor's Name: _____

Job Title (including qualifications): _____

Supervisor's Signature: _____

SCSI Number (if applicable): _____

Section 5 Candidate's Counsellor

(If different from above - See APC Guide for Supervisors, Counsellors and Employers)

Counsellor's Name: _____

Counsellor's Signature: _____

SCSI Number: _____

Section 6 APC Pathways

Please state your APC pathway (This defines your path to qualification and how you will be primarily assessed. See guidelines – APC requirements and competencies)

Property	<input type="checkbox"/> Arts and Antiques <input type="checkbox"/> Commercial Property Practice <input type="checkbox"/> Facilities Management <input type="checkbox"/> Finance and Investment <input type="checkbox"/> Housing Management and Development <input type="checkbox"/> Machinery and Business Assets <input type="checkbox"/> Management Consultancy <input type="checkbox"/> Property Management <input type="checkbox"/> Residential <input type="checkbox"/> Valuations
Construction	<input type="checkbox"/> Building Control <input type="checkbox"/> Building Surveying <input type="checkbox"/> Project Management <input type="checkbox"/> Quantity Surveying and Construction <input type="checkbox"/> Taxation Allowances
Land	<input type="checkbox"/> Environment <input type="checkbox"/> Geomatics <input type="checkbox"/> Minerals and Waste Management <input type="checkbox"/> Planning and Development <input type="checkbox"/> Rural

You must include a list of mandatory and technical competencies on the competency achievement planner.

Candidate's Declaration

On being admitted as a Associate Trainee/Trainee of the Society of Chartered Surveyors Ireland and in consideration thereof, I hereby promise that neither during nor after my affiliation to the Society of Chartered Surveyors Ireland will I use or permit to be used in conjunction with my name, or with the name of any firm or undertaking with which I may at any time be associated, any designation or expression whatever denoting or suggesting membership of or affiliation or connection with the Society of Chartered Surveyors Ireland, except in so far as I may hereinafter become entitled to use such designation or expressions under the Bye Laws of the Society after being duly admitted as a member thereof.

Candidate's Signature: _____

Date: _____

SCSI Registration – Applicable to Building Surveying & Quantity Surveying Candidates only

I will not use or permit to be used in conjunction with my name, or with the name of any firm or undertaking with which I may at any time be associated, the statutorily protected titles of Building Surveyor or Quantity Surveyor except in so far as I may hereinafter become entitled to use such statutory title in accordance with the terms of the **Building Control Act 2007**. To use the professional title of Building Surveyor or Quantity Surveyor, I must comply with the qualification and experience requirements set out within the Act and make a separate application for admission for inclusion on the Statutory Register*. I understand that I cannot refer to myself as a Building Surveyor or Quantity Surveyor without firstly being admitted to the Statutory Register.

Candidate's Signature: _____ Date _____

How to apply

You must submit

- Your completed application form
- The appropriate fees
- Your competency achievement planner
- Evidence of your accredited degree/diploma or evidence that you are enrolled on an accredited degree/diploma course

The completed application form should be returned to:

Education and Membership
The Society of Chartered Surveyors Ireland
38 Merrion Square, Dublin 2.
[or education@scsi.ie](mailto:education@scsi.ie)

Grades of Attachment

Associate Trainee Grade is applicable to:

- a) Candidates who are actively pursuing, but have not yet obtained, a partially or fully exempting qualification. When the course has been satisfactorily completed, candidates must upgrade to Trainee status.

Trainee Grade is applicable to:

- a) Holders of partially or fully exempting Degrees/Diplomas as approved by the Society

Note: Trainee applicants who also seek enrolment on to the Assessment of Professional Competence must be employed and receiving proper training in the Profession.

For office use only

Date Received: _____ Evidence of Qualification: _____

Method of Payment: _____

Competency Planner: _____

Fees Paid

APC Fee € _____ Subscription € _____ Enrollment € _____

*Note: The Society is also the statutory Registration Body for Quantity Surveyors and Building Surveyors under the Building Control Act 2007. Anyone using these titles in any professional or business capacity must come forward for registration and demonstrate the necessary qualifications and experience. Please be advised that using either title without being registered is an offence under the Act and carries a range of sanctions. Contact for further details: check the website [HYPERLINK "http://www.scsi.ie"](http://www.scsi.ie) www.scsi.ie, email us on [HYPERLINK "mailto:registration@scsi.ie"](mailto:registration@scsi.ie) registration@scsi.ie or 01 6445500