

## Membership Application to Enrol for the Assessment of Professional Competence (APC) Graduate Route 3

### 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 <input type="checkbox"/> No <input type="checkbox"/>		
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 Sponsor

See Note for Sponsor in Candidate's Guidebook

Sponsor's Name: \_\_\_\_\_

Sponsor's Signature: \_\_\_\_\_

SCSI Number: \_\_\_\_\_

### Section 5 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*)

<b>Property</b>	<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
<b>Construction</b>	<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
<b>Land</b>	<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

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

## 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
- An up-to-date resume, detailing your experience, with particular regard to the competencies of your chosen APC pathway

### 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:

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:

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 € \_\_\_\_\_

### Other Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_