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**Assessed Professional Competence**

**Route to Chartered Status**

**Application**

The applicant should read the Guidance for Applicants for the Assessed Professional Competence Route before completing this form.

Please complete this form electronically; handwritten applicationswillnot be accepted.

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| If successful in becoming a Professional Member of the Institute I wish to be known as a **Chartered Forester/Chartered Arboriculturist** (delete as appropriate). |
| **A: Personal Details** |
| **Title:** |  | **Personal Email:** |  |
| **Full Name:** |  | **Work Email:** |  |
| **Address:** |  | **Home Phone:** |  |
| **Mobile Phone:** |  |
|  |  |
| **Town:** |  | **Work Phone:** |  |
| **County:** |  | **Date of Birth:** |  |
| **Postcode:** |  | **Gender:** |  |
| **Nationality (UK National, EU National, or International):** |  |
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| **B: Qualifications** |
| Please list your qualifications, starting with those awarded most recently. |
| **Qualifications** | **Date Awarded** | **Awarding Body** |
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| **C: Professional Membership** |
| Please list details of any professional memberships. |
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| **D: Additional Vocational Activities** |
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| **E: Professional Activities** |
| Provide details of any involvement in professional activities outside your employment that supports your application. |
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| **F: Learning and Development** |
| How has CPD been used to improve your career? (A CPD record is **not** required.) |
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| **G: Career History** |
| Please provide details for the past 15 years of your employment history starting with your current or most recent employment. Use additional fields if necessary. |
| Job Title: |  |
| Employer: |  |
| Dates of Employment: |  |
| Key Responsibilities and Achievements |
|  |
|  |
| Job Title  |  |
| Employer |  |
| Dates of Employment |  |
| Key Responsibilities and Achievements |
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| Dates of Employment |  |
| Key Responsibilities and Achievements |
|  |
|  |
| Job Title |  |
| Employer |  |
| Dates of Employment |  |
| Key Responsibilities and Achievements |
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| **H: Responsibility Profile**Describe how you meet the criteria for seniority using up to 300 words for each section. |
| *You have achieved a position of leadership in your profession or organisation being responsible for the strategic management of your own work and usually that of colleagues.* |
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| *Your opinions are respected by others such that you are an acknowledged authority or an established name in your field.* |
|  |
| *Your professional influence extends beyond your normal day to day work environment.* |
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| **I: Competency Areas** |
| Please tick one or more of the Competency Areas below which best describes your expertise:  |
| **🗸** | **Business and Management Skills** |
|  | Forestry and Woodland Management |
|  | Arboriculture and/or Urban Woodland Management  |
|  | Environment, Biodiversity and Wildlife Management |
|  | Recreation Management and Planning |
|  | Public Consultation and Participation |
|  | Tree Nursery Management |
|  | Harvesting, Marketing and Utilisation |
|  | Forest Engineering |
|  | Timber Conversion |
|  | Policy Development and Strategic Planning |
|  | Forestry and/or Arboriculture Research |
|  | Forestry and/or Arboriculture Teaching |
|  |
| **J: Case Study**  |
| Please see Guidance Notes. This section should be 500-700 words. |
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| **K: Verification of Applicant’s Professional History**. |
| This section must be completed and signed by three independent verifiers, one of whom should be a Chartered Member of the Institute of Chartered Foresters. |
| Verifier One |
| Title: |  | Email Address: |  |
| Full Name: |  | Home Phone: |  |
| Address: |  | Mobile Phone: |  |
| Work Phone: |  |
|  |
| Postcode: |  |
| How long have you known the applicant? | Relationship to applicant is/was: |
|  |  |
| *I am aware of the Institute of Chartered Foresters’ Guidance to applicants for the Assessed Professional Competence route to Chartered Forester status, (Aug 2013), and verify that the details given in this application, are to the best of my knowledge correct in all particulars. I understand that the Institute of Chartered Foresters may seek further information from me in support of this application.* |
| Signed |  | Date: |  |
|  |
| Verifer Two |
| Title: |  | Email Address: |  |
| Full Name: |  | Home Phone: |  |
| Address: |  | Mobile Phone: |  |
| Work Phone: |  |
|  |
| Postcode: |  |
| How long have you known the applicant? | Relationship to applicant is/was: |
|  |  |
| *I am aware of the Institute of Chartered Foresters’ Guidance to applicants for the Assessed Professional Competence route to Chartered Forester status, (Aug 2013), and verify that the details given in this application, are to the best of my knowledge correct in all particulars. I understand that the Institute of Chartered Foresters may seek further information from me in support of this application.* |
| Signed: |  | Date |  |
| Verifier Three |
| Title |  | Email Address: |  |
| Full Name: |  | Home Phone: |  |
| Address: |  | Mobile Phone: |  |
| Work Phone: |  |
| Post Code: |  |  |
| How long have you known the applicant? | Relationship to applicant is/was: |
| *I am aware of the Institute of Chartered Foresters’ Guidance to applicants for the Assessed Professional Competence route to Chartered Forester status, (August 2018), and verify that the details given in this application, are to the best of my knowledge correct in all particulars. I understand that the Institute of Chartered Foresters may seek further information from me in support of this application.* |
| Signed: |  | Date: |  |
|  |
| **L: Applicant’s Declaration** |
| I certify that the information contained within this form is true and accurate to the best of my knowledge and belief. I understand that any information that is knowingly withheld, suppressed, deliberately misleading or false, may make me liable, if elected as a Member of the Institute of Chartered Foresters to dismissal from the Institute.If elected to membership of the Institute, I agree to comply with the Royal Charter, Bylaws and Regulations of the Institute of Chartered Foresters and with any subsequent amendments and/or alterations which may be made to them. I acknowledge that the application fee will be paid at the time of submitting this application and that, should I be invited to interview, the interview fee will be paid in full in advance.  |
| Signed: |  | Date: |  |
| In compliance with the Data Protection Act 1998 and the General Data Protection Regulations 2017, the Institute will treat all information contained within this form as confidential. No information will be divulged to other parties and will be used only for those purposes expressed.  |
| Please complete the form in digital format, print, sign and verify, then post to:PRIVATE & CONFIDENTIAL - APCInstitute of Chartered Foresters59 George StreetEdinburghEH2 2JGtogether with copies of any relevant certificates.The application fee must be paid on submission of this application, either by cheque made payable to ‘The Institute of Chartered Foresters’ or by BACS. Our account is with the Royal Bank of Scotland, Account Number 00182167, Sort Code 83.51.00Full details of the current fees are noted online at [www.charteredforesters.org](http://www.charteredforesters.org).You application will be assessed more quickly if you can also submit an electronic copy to icf@charteredforesters.org. **Electronic copies on their own will not be accepted.** **Deadline for Applications**Applications can be submitted at any time throughout the year. Those received before 1 August in any year will be assessed and, if invited, will be interviewed in November that year. If sufficient applications have been received before 1 April in any year, interviews will also take place in May/June of that year. |
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