

CENTRAL ASSOCIATION OF AGRICULTURAL VALUERS

APPLICATION TO SIT ENTRANCE EXAMINATIONS

Please refer to Guidelines for the Examinations (2010 edition) for procedure.

NB: INCOMPLETE FORMS WILL BE RETURNED FOR COMPLETION OR THE INCLUSION OF MISSING TUTORIAL SLIPS

To: The Secretary and Adviser, Central Association of Agricultural Valuers, Market Chambers, Market Place, Coleford, Gloucestershire. GL16 8AA

I, (full name in block capitals)

of

..... Post Code..... (in block capitals, give permanent address to which correspondence and results will be sent)

NOTE: Not all candidates wish their offices to see results so please advise of any prospective change of address

INTENDING to become a Fellow of the Central Association of Agricultural Valuers HEREBY APPLY to sit the Association's examination.

◆ I am applying to take (delete irrelevant options):

- (a) all papers
(b) the Written part only having been referred in this Part only no more than twice and last sat all papers no more that three years ago
(c) the Practical/Oral Parts only having been referred in them only no more than twice and last sat all papers no more that three years ago

◆ I enclose a fee of £..... £180 for all parts; £90 for the written part only; £90 for the practical/oral part only.

◆ I have attended the following official CAAV tutorials (equivalent to four full tutorials) in the three years prior to August 31st 2010, for which I enclose official slips certifying attendance

Do not write "see last year's application"

Table with 2 columns: Slip Attached, Slip Attached. Rows include Full day (at least two), Half day (up to four), and (specify dates).

NOTE: Original slips previously sent are held by CAAV but all must be listed here. Candidates are advised to retain copies.

◆ I have read the Guidelines for Examinations (2010 edition) which includes the syllabus

Are there any medical or other circumstances relevant to your taking the examination of which the Examiners should be aware (eg dyslexia)?

.....
Please supply supporting evidence with this application.

Please identify any special requirements that need to be met

DECLARATION BY PROPOSER

(To be completed by a Fellow of the Central Association of Agricultural Valuers)

I,

of

being a Fellow of the Central Association of Agricultural Valuers

- ◆ have interviewed the applicant
- ◆ have read the Guidelines for the Examinations (including the syllabus for the examination)
- ◆ am aware of the standard required for passing the examination.

I am of the opinion that, if successful in the examination, the candidate has the ability, integrity and experience as an agricultural and rural valuer to be considered for Fellowship of the Association.

Date Signature

Local Association

DECLARATION BY SECONDER

(To be completed by the Training Officer or the Secretary of the local Association for the candidate)

I,

of

being a Fellow of the Central Association of Agricultural Valuers confirm that

- ◆ I believe the applicant to be sufficiently experienced to take the examination and, if successful, apply for Fellowship of the Association

Date Signature

Local Association

QUESTIONNAIRE

1. PERSONAL

- (a) Date of birth
- (b) Title Mr/Mrs/Miss/Dr/Other
- (c) Maiden Name
- (d) Other qualifications, honours or titles
- (e) Royal Institution of Chartered Surveyors
Student/Probationer/Tech/Member/Fellow Date of Admission
- (f) Other Professional Body
- Status
- (g) Place(s) of Further/Higher Education
- (h) Summary of Relevant Professional Experience
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.....
.....
.....

2. PRESENT EMPLOYMENT

- Name of firm or employer
- Address
- **Post Code**.....
- Telephone No
- Fax No
- e-mail
- DX number

3. LOCAL ASSOCIATION

I am a probationer member of the Association
(Delete if non-member)

4. PREVIOUS CAAV EXAMINATIONS

(Delete the following option that is inapplicable)

(a) I have not sat the CAAV examinations before.

(b) I have previously sat the Examinations as follows:

			Written	Practical
on.....200	at.....	with the results:
on.....200	at.....	with the results:
on.....200	at.....	with the results:

SIGNATURE OF APPLICANT

..... Date

