

**CENTRAL ASSOCIATION OF AGRICULTURAL VALUERS**  
**APPLICATION TO SIT ENTRANCE EXAMINATION**  
**AND FOR FELLOWSHIP**

To be completed in duplicate and submitted by 31st August 2019

**Section 1: Your Details**

Name	
Date of Birth	
Local Association	
Present Employment	
Work Address and Post Code	
Telephone No.	
Mobile No.	
E-mail	

**Section 2: Application**

I, being a Probationer Member of my Local Association, INTENDING to become a Fellow of the Central Association of Agricultural Valuers HEREBY APPLY to sit the Association’s examination for Fellowship. I UNDERTAKE that, if successful, I will throughout my time as a Fellow of the Central Association of Agricultural Valuers observe and abide by the Articles, By-laws and other regulations of the Association.

*Please ✓ as appropriate*

Have you sat the exams before?	Yes <input type="checkbox"/> No <input type="checkbox"/>
I am applying to take	(a) all papers (£430) <input type="checkbox"/>
	(b) the Written Part Only (£180) <input type="checkbox"/>
	(c) the combined Practical/Oral Parts only (£250) <input type="checkbox"/>

**Section 3: Payment**

*Please ✓ as appropriate*

I enclose a cheque made payable to the CAAV	<input type="checkbox"/>
I have paid my examination fee electronically to: Account No. [55608568] Sort Code: [30-93-48]*	<input type="checkbox"/>

\*For electronic payments, please confirm the date of the payment \_\_\_ / \_\_\_ / \_\_\_  
 and the reference used (either your name or membership number) \_\_\_\_\_

**Section 4: Tutorial Attendance**

I have attended the following official CAAV tutorials **between 1st September 2016 and 6th September 2019 (date of the National Tutorial); equivalent to 4 full day tutorials** of which at least 2 must be for full days and enclose official slips certifying attendance.\*

Date Full days	Slip Attached	Previously Sent	To Follow	Date Half days	Slip Attached	Previously Sent	To Follow
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*NOTE: Original slips previously sent are held by CAAV but all must be listed here. Candidates are advised to retain copies. Do not write “see last year’s application”.*

\*Do not hold this form for late certificates – they can be forwarded on later

## Section 5: Examination Centres *(see sections 1.5 and 2.3 in the Guidelines)*

The initial allocation of candidates to centres is by local association/place of work. If this would not be suitable or should we need to re-allocate candidates, please number the centres in order of preference. While we will endeavour to allocate you accordingly this cannot be guaranteed.

Exam Centre	Order of Preference
Eastern	
Midland Counties	
Northern	
Scotland	
Southern	
West Midlands-Wales	
Western Counties-Cornish	

## Section 6: Dyslexia, Medical or Other Conditions and Special Requirements

*(see section 2.4 of the Guidelines)*

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

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

Please identify any special requirements that need to be met .....

## Section 7: Option to Use a CAAV – Provided Laptop in the Written Papers

*(see sections 1.3 and 3.3 of the Guidelines)*

*Please ✓ as appropriate*

I wish to answer the written papers using a <b>laptop</b> rather than by hand	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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## Section 8: Sending of exam correspondence and your results

Please state where the CAAV is to send all examination correspondence and your results (please select only **one** option).

**EITHER** Option 1 – Postal Address .....

..... Postcode .....

**OR** Option 2 – E-mail Address .....

## Section 9: Checklist and Signature

Please ensure that:

- you have completed ALL sections of this form,
- you have attached copies of any Tutorial Certificates to accompany your application
- you have paid the correct examination fee, either electronically or by enclosing a cheque
- you have read the Guidelines for Examinations (2019 edition) which includes the Syllabus
- your Proposer and Seconder have completed the declarations on page 3
- you submit two copies of the application form to the Secretary and Adviser of the CAAV at Harts Barn Farmhouse, Monmouth Road, Longhope, Gloucestershire GL17 0QD by 31st August 2019.

**SIGNATURE OF APPLICANT**

..... Date .....

*For more information on how the CAAV collects, uses and manages your personal data, please see the Privacy Notice on the CAAV website ([www.caav.org.uk](http://www.caav.org.uk)) under Terms & Conditions.*

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## DECLARATION BY PROPOSER

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

I .....  
*(name in block capitals)*

Of .....  
.....  
*(address in block capitals)*

being a Fellow of the Central Association of Agricultural Valuers have interviewed the applicant and am of the opinion that the applicant has the ability, integrity and experience as an agricultural practitioner to be a Fellow if successful in the examinations.

Signature ..... Date .....

Local Association .....

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## DECLARATION BY SECONDER

*(To be completed by the Secretary, Chairman/President or the Training Officer of the Local Association for the candidate)*

I .....

Secretary/Chairman/President/Training Officer of ..... Association 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, to be a Fellowship of the Association.

Signature ..... Date .....

Local Association .....

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# QUALIFICATION FOR FELLOWSHIP

To be completed by CAAV Secretariat

The candidate has

- (i) achieved ..... % in the Written part in 20 .....
- (ii) achieved ..... % in the Practical part in 20 .....
- (iii) achieved ..... % in the Oral part in 20 .....

With an overall mark of .....%

## CAAV SECRETARIAT APPROVAL

To be completed of successful Fellowship approved on behalf of the Central Association of Agricultural Valuers

## SIGNATURE OF CAAV SECRETARY

..... Date .....