#### CENTRAL ASSOCIATION OF AGRICULTURAL VALUERS

# APPLICATION TO SIT ENTRANCE EXAMINATION AND FOR FELLOWSHIP

To be completed in duplicate and submitted by 31st August 2023

Section 1: Your Deta	ails						
Name							
Date of Birth							
Local Association							
Present Employment							
Work Address and Post Code							
Telephone No.							
Mobile No.							
E-mail							
Association of Agricultural UNDERTAKE that, if success	Valuers ssful, I w	HEREBY ill througho	APPLY to the sand other	on, INTENDING to become to sit the Association's exame as a Fellow of the Central er regulations of the Association in the Asso	mination Associati	for Fellows	hip. I
Have you sat the exams before	ore?		Jo □				
I am applying to take		(a) all papers (£450)					
117 8				Only (£190)			
				ctical/Oral Parts only (£260)			
Section 3: Payment					Please	e 🗸 as appro	priate
I enclose a cheque made pay							
		<u> </u>		No. [55608568] Sort Code: [3	30-93-48]	*	
Please invoice me/my firm for the examination fee							
*For electronic payments, ple	ease confi	irm the date	of the pay	yment//			
and the reference used (either	r your nai	ne or memb	ership nu	mber)			
Section 4: Tutorial							
I have attended the following equivalent to 24 hours (a further to 24 hours).							
Date State hours	Slip Attached	Previously Sent	To Follow	Date State hours	Slip Attached	Previously Sent	To Follow

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".

<sup>\*</sup>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
Midland Counties including Eastern	
Northern	
Northern Ireland	
Scotland	

Exam Centre	Order of Preference
Southern	
West Midlands-Wales	
Western Counties-Cornish	

<sup>\*</sup>The default position is for Eastern candidates to attend the Midlands centre unless opting elsewhere.

Section	6: Dyslexia,	Medical	or Other	<b>Conditions</b>	and Spe	ecial Re	quiremen	ts
(see section	24 of the Guidel	ines)						

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 shou be aware (e.g. dyslexia)?
Please supply supporting evidence with this application.
Please identify any specialist or dietary requirements that need to be met
<b>Section 7: Option to answer the Written Papers by hand</b> (see sections 1.3 and 3.3 of the Guidelines)
The CAAV provides <b>laptops</b> as <b>default method</b> for candidates to answer the local and national Written papers.
If you wish to write your answers by hand, please tick this box $\square$
Section 8: Sending of exam correspondence and your results
Please state where the CAAV is to send all examination correspondence and your results.
E-mail Address
Section 9: Checklist and Signature
Please ensure that:
<ul> <li>you have completed ALL sections of this form,</li> </ul>

- 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 (2023 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 2023.

SIGNATURE OF APPLIC	CANT
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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) under Terms & Conditions.

## **DECLARATION BY PROPOSER**

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

Ι	
(name in block capitals)	
Of	
(address in block capitals)	
being a Fellow of the Central Association of Agricultural opinion that the applicant has the ability, integrity and expuscessful in the examinations.	
Signature	Date
Local Association	
<b>DECLARATION</b> (To be completed by the Secretary, Chairman/Preside for the can	ent or the Training Officer of the Local Association
I	
Secretary/Chairman/President/Training Officer of	s confirm that I believe the applicant to be sufficiently
Signature	Date
Local Association	

# 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