

CENTRAL ASSOCIATION OF AGRICULTURAL VALUERS

**APPLICATION TO SIT ENTRANCE EXAMINATION
AND FOR FELLOWSHIP**

To be submitted by 31st August 2024

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 (£470) <input type="checkbox"/> |
| | (b) the Written Part Only (£195) <input type="checkbox"/> |
| | (c) the combined Practical/Oral Parts only (£275) <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"/> |
| Please invoice me/my firm for the examination fee | <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 2021 and 31st October 2024; equivalent to 24 hours (a full day is 6 hours and a half day is 3)** and enclose official slips certifying attendance.*

| Date State hours | Slip Attached | Previously Sent | To Follow | Date State hours | 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 | |
| Northern Ireland | |

| Exam Centre | Order of Preference |
|--------------------------|---------------------|
| 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 specialist or dietary requirements that need to be met

.....

Section 7: Option to answer the Written Papers by hand

(see sections 1.3 and 3.3 of the Guidelines)

The CAAV provides **laptops** as **default method** for candidates to answer the local and national Written papers.

If you wish to write your answers by hand, please tick this box

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:

- 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 (2024 edition) which includes the Syllabus
- your Proposer and Secunder have completed the declarations on page 3
- you submit the application form to the Secretary and Adviser of the CAAV at Harts Barn Farmhouse, Monmouth Road, Longhope, Gloucestershire GL17 0QD by 31st August 2024.

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) under Terms & Conditions.

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

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

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