

# EXPERIENCED PRACTITIONER ASSESSMENT OF PROFESSIONAL COMPETENCE (EP-APC)

Practitioner Assessment of bi.org.uk/ep-apc-resources.
f EP-APC Guidance).
Experience required
5 years
5 years
6 years
6 years
10 years
ve significant strategic level o, which roles were gained at a c Guidance).



## EXPERIENCED PRACTITIONER ASSESSMENT OF PROFESSIONAL COMPETENCE (EP-APC)

### **EDUCATION**

Please list your education history starting with the most recent. If you wish to add additional courses please include them at the end of the application form under 'additional information'.

University/College:		Course:		
Date commenced: DD/MM/YY	Date completed: DD/MM/YY	Full time Part time		Undergraduate ☐ Post graduate ☐
University/College:		Course:		
Date commenced: DD/MM/YY	Date completed: DD/MM/YY	Full time Part time		Undergraduate ☐ Post graduate ☐
University/College:		Course:		
Date commenced: DD/MM/YY	Date completed: DD/MM/YY	Full time Part time		Undergraduate ☐ Post graduate ☐
University/College:		Course:		
Date commenced: DD/MM/YY	Date completed: DD/MM/YY	Full time Part time		Undergraduate  Post graduate
EMPLOYMENT H	IISTORY			
employed by the same of	ing related roles in chronolog organisation in multiple roles, for your Practical Experience	you should list eac	h role sep	
If you have more than 5 'additional information'.	positions, please include this	s information at the	end of the a	application form under
Company:			Fror	m DD/MM/YY to DD/MM/YY
Job title:				Full time  Part time
<ul> <li>add responsibilities</li> </ul>				
<ul> <li>add responsibilities</li> </ul>				
<ul> <li>add responsibilities</li> </ul>				
<ul> <li>add responsibilities</li> </ul>				
Strategic level: Yes□	No			



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Company:	From DD/MM/YY to DD/MM/YY
Job title:	Full time  Part time
<ul> <li>add responsibilities</li> </ul>	
<ul> <li>add responsibilities</li> </ul>	
<ul> <li>add responsibilities</li> </ul>	
add responsibilities	
Strategic level: Yes	No _
Company:	From DD/MM/YY to DD/MM/YY
Job title:	Full time Part time
<ul> <li>add responsibilities</li> </ul>	
<ul> <li>add responsibilities</li> </ul>	
add responsibilities	
add responsibilities	
Strategic level: Yes	No _
Company:	From DD/MM/YY to DD/MM/YY
Job title:	Full time  Part time
<ul> <li>add responsibilities</li> </ul>	
Strategic level: Yes	No□
Company:	From DD/MM/YY to DD/MM/YY
Job title:	Full time Part time
<ul> <li>add responsibilities</li> </ul>	
<ul> <li>add responsibilities</li> </ul>	
<ul> <li>add responsibilities</li> </ul>	
add responsibilities	
Strategic level: Yes	No _

### Part-time experience:

If you are relying on any part-time experience you must detail below how you calculated your experience to equal the required total experience. (See section 2 of EP-APC Guidance).



## EXPERIENCED PRACTITIONER ASSESSMENT OF PROFESSIONAL COMPETENCE (EP-APC)

#### Specialism:

Candidates are required to demonstrate a specialism as part of their EP-APC application. (See Section 4 [C13] and 5 [C.14] of the EP-APC Guidance).

My specialism is:

### **CORROBORATOR DECLARATION FORMS**

You must provide a Corroborator Declaration Form **for each role** you have referenced in the written submission. Please list all the Corroborator Declaration Forms that you are submitting and add additional rows as required. (See section 10 of the EP-APC Guidance).

Dates covered by the corroboration period	Company providing corroboration for	Corroborator's name and position during corroboration period	Relation to the applicant
DD/MM/YY			

#### SUBMISSION WORD COUNT

Please note that the total overall word limit for the written submission is 7,000 words (+/- 10%) and will be verified in the RTPI's administration checks before your application is accepted.

The word count for the Professional Development Plan (PDP) only includes the text you have added to the template – any text that forms part of the PDP template will be excluded from your word count.

Practical Experience Statement (PES): 0000



## EXPERIENCED PRACTITIONER ASSESSMENT OF PROFESSIONAL COMPETENCE (EP-APC)

Professional Competence Statement (PCS)	: 0000
Professional Development Plan (PDP):	0000
TOTAL:	0000

### **EXAMPLES OF PROFESSIONAL WORK**

You are required to submit examples of your professional work to support your application. 5-10 examples are required, please give each document a number and title so that they are identifiable and list this information below. (See section 8 of the EP-APC Guidance).

Document number	Title of document
CHECKLIST	
I have included the following wi	th my application:
☐ EP-APC Application Form	
☐ Personal Details and Payme	ent Form
☐ Complete written submissio	n with all three components (PES, PCS and PDP)
Scanned copies of any relevent backgrounds a, c or d)	vant degree certificates or apprenticeship completion certificate (educational
☐ Academic transcripts (educa	ational background b only)
☐ Planning Degree Statement	and Matrix (educational background b only)
☐ Examples of professional we	ork (5-10 examples)
☐ Sponsor Declaration Form of	completed by a Chartered Town Planner
☐ Corroborator Declaration Fo	orm(s) completed by each employer referenced in your application
☐ Proof of administration fee p	payment
For details on how to submit y	our application please see: www.rtpi.org.uk/membership-submit.
Please note that failure to pro-	vide any of these items will result in your application being rejected.



## **EXPERIENCED PRACTITIONER ASSESSMENT OF PROFESSIONAL COMPETENCE (EP-APC)**

#### DECLARATION

#### DATA PROTECTION

The information you provide in this application form will be held securely on the RTPI's database and will be processed in accordance with the General Data Protection Regulation and 2018 Data Protection Act. The RTPI and its assessors will neither disclose, nor permit members of its staff to disclose, any confidential and/or personal information you provide unless required to do so by law. Your information will be used to assess your application and notify you of the outcome.

If your application is successful the information you have provided will form the basis of your membership record. If we already hold a record of your details, the information provided in this form will be used to update your record. As part of your membership benefits the RTPI contacts members by email and post to keep you informed of the RTPI's activities and services, including the services provided by its partners. The names of elected Chartered Members are published in our magazine - The Planner - and on the RTPI's website. If your membership lapses for any reason, we will continue to contact you for up to one year, unless you actively contact us to cancel your membership.

If you do not consent to us using your data in this way then your membership application will not be processed and it will be returned to you. You can withdraw your consent at any time by contacting us at dataprotection@rtpi.org.uk. This may mean that we are no longer able to provide you with the membership service you have signed up for.

I certify that I have read the Experienced Practitioner Assessment of Professional Competence (EP-APC) Guidance June 2019, available at: www.rtpi.org.uk/ep-apc-resources, and have based my submission on this document. I also certify that all the information contained in this document is true and correct and is based on my personal experience.

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will abide by and observe the provisions of the Royal Charter, Bye-laws, Regulations and the Code of Profession Conduct, that I will pay the appropriate subscriptions for my class and that I will work to promote the objectives of the Institute.
$\square$ (Please tick) I consent to my application being processed and my data being used as outlined in the attached data protection statement.
Signature of candidate: (typed name is acceptable)
Date: DD/MM/YY
ADDITIONAL INFORMATION

## Please add any additional education or career information here