

For PEOPLECERT use only

Date received: ____/____/____

Application fee: _____

Certification No: _____

Part 1

1. PERSONAL DETAILS*

Name: _____

Name (Latin characters) _____

Nationality: _____ Date of birth: _____

Home address: _____

Postcode: _____ Tel. no: _____

Fax no : _____ Email _____

BUSINESS DETAILS*

Name of organization: _____

Address: _____

Postcode: _____ Tel. no: _____

Fax no: _____ Email: _____

2. GRADES OF CERTIFICATION WHICH YOU CURRENTLY HOLD

Professional Title	Certification Body	Period of Certification	Certification Grade / Group	Comments

5. MEMBERSHIP OF PROFESSIONAL BODIES

Professional body	Date elected	Registration number	For PEOPLECERT use only

***Note:** If you are a PEOPLECERT CERTIFIED PROFESSIONAL please add only updated information.

6. FORMAL VALUER TRAINING (continual training, courses etc)*

From	To	Title of course	Name of organization conducting training	Training evidence (appended)	For PEOPLECERT use only

***Note:** If you are a PEOPLECERT CERTIFIED PROFESSIONAL please add only updated information.

**APPLICATION FORM FOR RE-CERTIFICATION OF
PROFESSIONAL VALUERS**



7. WORK EXPERIENCE*

	Position 1	Position 2	Position 3	Position 4	Position 5	Position 6	Position 7
From month/year							
To month/year							
Position in the organization							
Name of organization							
Object of organization							
Valuation experience							
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***Note:** If you are a PEOPLECERT CERTIFIED PROFESSIONAL please add only updated information.

DECLARATION

I apply for certification and I confirm that I understand and agree to the following conditions:

1. I read and I accept the terms and the requirements of PEOPLECERT Certification Regulation Criteria for the Certification of Professional Valuers QME_M_18.
2. I shall observe and abide by the PEOPLECERT Code of conduct for Valuers.
3. The details which are given in my application form can be published in the PEOPLECERT registry.
4. I shall declare any information that may reasonably be considered to affect adversely my ability to perform effectively my obligations as certified valuer.

I confirm that the information contained in this application is correct to the best of my knowledge and belief. I understand and accept that, if I provide incorrect information or withhold relevant, requested information, I am likely to be excluded or removed from the PEOPLECERT registry. I also understand that once certified, I am obliged to notify PEOPLECERT without delay of any changes to my circumstances which, if declared when I made my first application, might have caused the PEOPLECERT to exclude me from the registry.

Signature _____ Date _____

Part 2

Part 2 SPONSOR (not required for Peoplecert Certified Professional)

This part should be completed by the one sponsor who recommends the applicant.

In order to initiate the certification procedure, the employer of the applicant or other persons with professional relation to the applicant, should recommend him. Sponsor must have personal knowledge of the applicant, related to the elements of the application they certify and recommend. Sponsor, verifies that the applicant should possess the required personnel attributes which are: ethical values, be proactive and organized, systematic, logical, decisive, observant, flexible, process focused, adaptable, resourceful and last but not least confident.

Moreover he/she is able to take the initiative with issues, shows a balance affiliation for both, task and people, makes decisions based on facts and reasoned logic, expedites decisions methodically, shows the ability to identify both patterns and exceptions in complex situations, demonstrates the ability to follow a pre-determined method, adapts and works with different types of people in a range of situations and copes with change and lastly demonstrates certainty and competence to all aspects of the valuer job.

SPONSOR

Declaration by sponsor 1: I recommend the applicant as a person in every respect worthy of consideration for certification, combining both work experience and ethical values which are required.

Name of sponsor 1 (caps): _____

Relationship to applicant: _____

Business name and address: _____

Postcode _____ Tel no. _____

Fax no _____ Email _____

Signature _____ Date _____

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