

# Chartered Membership

Application form and supporting guidance for  
applicants who are fully qualified professionals  
in another country/EU member state

**Applicant name:**

## CHARTERED MEMBERSHIP APPLICATION

### APPLICANT INFORMATION

Full name: \_\_\_\_\_ Title (Mr, Mrs, Ms, Dr/Prof): \_\_\_\_\_

Date of birth: \_\_\_\_\_

Current home address: \_\_\_\_\_

City: \_\_\_\_\_

County/Country: \_\_\_\_\_

Postcode: \_\_\_\_\_

Mobile phone number: \_\_\_\_\_

Contact email: \_\_\_\_\_

### LANDSCAPE AREAS OF PRACTICE

Which of the following LI areas of practice best describes your interests and knowledge?

- |                          |                    |                          |                      |                          |                       |
|--------------------------|--------------------|--------------------------|----------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | Landscape planning | <input type="checkbox"/> | Landscape management | <input type="checkbox"/> | Landscape design      |
| <input type="checkbox"/> | Urban design       | <input type="checkbox"/> | Landscape science    | <input type="checkbox"/> | Other (please state): |

### ACADEMIC QUALIFICATION INFORMATION

University, college or other institution: \_\_\_\_\_

Full name of course: \_\_\_\_\_

Full title of qualification/level of attainment (e.g. BA, BSc, DipLA): \_\_\_\_\_

Date awarded: \_\_\_\_\_

### OTHER ACADEMIC OR PROFESSIONAL QUALIFICATIONS

University, college or other institution: \_\_\_\_\_

Full name of course: \_\_\_\_\_

Full title of qualification/level of attainment: \_\_\_\_\_

Date awarded: \_\_\_\_\_

**Please attach copies of certificates AND details of modules studied**  
**You must include CERTIFIED TRANSLATIONS for any documents which are not in English**



### CURRENT EMPLOYMENT INFORMATION

Current employer (including department): \_\_\_\_\_

Job title: \_\_\_\_\_

Start date: \_\_\_\_\_

Main areas of responsibility relating to the landscape profession: \_\_\_\_\_

### PREVIOUS EMPLOYMENT INFORMATION

Employer: \_\_\_\_\_

Job title: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

## CHARTERED MEMBERSHIP APPLICATION

Main areas of responsibility:

### PREVIOUS EMPLOYMENT INFORMATION

Employer:

Job title:

Dates of employment:

Please enclose a copy of your current CV.



### YOUR FULLY QUALIFIED PROFESSIONAL STATUS IN ANOTHER COUNTRY

In which country have you been formally recognised as a fully qualified/chartered professional?

What is your fully qualified title of designation in that country?

Please provide the name and address of the organization that awarded you fully qualified professional/chartered status.

Please give the date when your fully qualified professional/chartered status was achieved.

Please provide the following evidence required with this application:



A brief description of the education, training and experience you were required to undertake in order to be recognised as a fully qualified/chartered professional. This should include an explanation of the registration process or professional exam that provided you with the fully qualified professional status.

Evidence of your fully qualified professional/chartered status, with CERTIFIED TRANSLATIONS for any documents which are not in English.

If fully qualified status was given more than a year ago, please include a letter of confirmation from the relevant body dated, within the last three months, confirming that you continue to hold professional status and are in good standing with that body, with CERTIFIED TRANSLATIONS for any documents which are not in English.

## CHARTERED MEMBERSHIP APPLICATION

### YOUR TRANSITION TO THE UK

Please provide a short statement, no more than 500 words, describing how you have developed your knowledge of UK Law, professional practice and contexts.

**Please enclose a copy of the identify page of your passport ID card, showing your full name, date of birth, your photograph and nationality.**



## COMPETENCY BASED SELF-ASSESSMENT

Please refer to the [Competency Framework](#) to see the competency requirements and levels of competency required for Chartered membership. Then please indicate the level that you feel you have achieved in each of the Professional and Core Landscape Competencies and five of the Additional Landscape Competencies.

Please indicate level working at:

- A - Expert
- B - Accomplished
- C - Able
- D - Understanding

### PROFESSIONAL COMPETENCIES

Competency	Level
Communication, negotiation, influencing and engagement	
Data management	
Digital practice	
Economic systems and context	
Equality and diversity	
Governance of societies (legal and political)	
Health and safety	
Management of organisations and services	
People management and leadership	
Professional judgement, ethics and values	
Project management	
Team working and collaboration	

## CORE LANDSCAPE COMPETENCIES

Competency	Level
Creative problem solving	
Healthy places	
Inclusive Environments	
Landscape as systems	
Other landscape specialisms and industry structure	
Physical and social context of sites/places/landscapes	
Planning, legal and regulatory compliance	
Quality of landscape	
Research and analysis	
Stakeholder and/or community engagement	
Sustainability, Climate and Resilience	

## ADDITIONAL LANDSCAPE COMPETENCIES

Please select five from the list in the competency framework. Please note the specific requirements regarding the Chartered Landscape Architect Pathway if that is the Pathway you wish to follow.

Competency	Level

## STATEMENT OF COMPETENCE

Please provide a maximum 1000-word statement below explaining how you have achieved the above self-assessed competency levels through your education and experience.

## DECLARATIONS

I, the undersigned, confirm that the statements made by me on this application are a true account.

I understand that this application for Chartered status will be assessed by the LI.

I further understand that an application fee of £250 is payable with this form. Details will be provided, once your application has been submitted.

Signature:

Date:

**I understand that if my application is successful then I will be awarded Chartered Membership of the Landscape Institute and shall be bound by the LI Charter, the LI By-Laws and the LI Code of Conduct.**

I understand that the LI reserves the right to terminate my membership if I fail to pay my membership subscription on time. I further understand that I may terminate my membership at any time by giving written notice to the LI. If I choose to resign I will be invoiced for any outstanding membership fees relating to that part of the subscription year during which I remained a Member.

Finally, I understand that details of my name, contact details and qualifications will be recorded on the LI database. All information provided will be used for processing my annual membership and supplying me with information about the LI and the landscape profession.

I agree that my name and membership category will be published on the Members' area of the LI website, which is password protected.

Signature:

Date:

**Please provide the name and signature of a corroborator who will support your application. See supporting guidance for who can be a corroborator. To confirm whether a corroborator is a member of the LI please use the LI's online [Member Directory](#)**

1. Name and signature of your corroborator (*please state the name of the professional body the corroborator is a member of and their membership number*)

Name:

Date:

## HOW DID YOU FIND OUT ABOUT THE LANDSCAPE INSTITUTE?

<input type="checkbox"/>	Be a Landscape Architect website	<input type="checkbox"/>	Landscape Institute website
<input type="checkbox"/>	Publications (including the LI Journal)	<input type="checkbox"/>	Other media (TV, newspaper, radio, magazine, social media)
<input type="checkbox"/>	Employer	<input type="checkbox"/>	University/UCAS fair
<input type="checkbox"/>	LI event or training course	<input type="checkbox"/>	LI representative or staff member
<input type="checkbox"/>	Word of mouth	<input type="checkbox"/>	Other (please state)

## MEMBERSHIP SUBSCRIPTION

The LI Membership year runs from 01 June to 31 May. Direct Debit is the easiest way to pay and helps your money go further to support the work of the Landscape Institute.

You can choose to pay by 1, 4 or 12 instalments. To set up a Direct Debit, please complete and return the [Direct Debit Mandate form](#). Direct Debits are collected on, or around, the 10th of the month.



## LI MONITORING

The LI is committed to ensuring that the landscape profession is accessible to all sections of the community. We monitor the profile of our membership to ensure that the LI is compliant with equality and diversity legislation and that we carry out our work in accordance with best practice.

Please help us in this work by completing the section below. Your details will be stored on the LI's secure database and will remain confidential.

How would you describe your ethnic origin:

White	<input type="checkbox"/>	British	Mixed	<input type="checkbox"/>	White and Black Caribbean
	<input type="checkbox"/>	Irish		<input type="checkbox"/>	White and Black African
	<input type="checkbox"/>	Other		<input type="checkbox"/>	White and Asian
				<input type="checkbox"/>	Other
Black	<input type="checkbox"/>	Black British	Asian	<input type="checkbox"/>	Asian British
	<input type="checkbox"/>	Black Caribbean		<input type="checkbox"/>	Asian Indian
	<input type="checkbox"/>	Black African		<input type="checkbox"/>	Asian Bangladeshi
	<input type="checkbox"/>	Other		<input type="checkbox"/>	Asian Pakistani
				<input type="checkbox"/>	Asian Other
Other	<input type="checkbox"/>	Arab			
	<input type="checkbox"/>	Other Ethnic Group		<input type="checkbox"/>	Chinese
	<input type="checkbox"/>	Prefer not to say		<input type="checkbox"/>	Other Asian Ethnic Group

Would you describe yourself as having a disability:

Yes	<input type="checkbox"/>		No	<input type="checkbox"/>	
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Please note that the LI may, from time to time, publish reports on the overall profile of the membership. These reports will present data in aggregated form and will not be made available in any way which would enable you to be individually identified.

## 1. Supporting guidance

This guidance is designed to support those who are fully qualified professionals in another country, and who wish to apply for the protected titles *Chartered Member of the LI*, *Chartered Landscape Architect* and *Chartered Landscape Professional*.

In order to assess whether your existing fully qualified professional status is comparable with the standard required for Chartered Membership of the LI, you are asked to complete all the sections of this form and provide evidence where requested. The information requested includes;

A copy of your current CV

Confirmation from the relevant professional authority that your membership status with them is that of a fully qualified/chartered professional.

A brief description of the education, training and work experience you were required to undertake in order to be recognised as a fully qualified/chartered professional. This should include an explanation of the process that provided you with the fully qualified professional status. If you completed a professional exam/interview then please provide details of the assessment criteria used.

## 2. Statement of competence

You are asked to complete the Competency based self-assessment. The statement must demonstrate your understanding of practice in the UK, which are;

- **Professional competencies**
- **Core Landscape competencies**
- **Additional Landscape competencies**

These are taken from the [Competency Framework](#) (2020) and form the basis of the assessment processes that lead to Chartered Membership of the LI.

### 2.1 Definitions of the levels of knowledge and understanding

An individual's level of achievement against each competency is assessed as follows:

- **A - Expert:** The individual has expert knowledge of this competency and extensive experience applying it in practice. They are recognised as an authority in this area by others within and/or outside their organisation.
- **B - Accomplished:** The individual consistently applies this competency in practice and can confidently make decisions and recommendations in this area.
- **C - Able:** The individual has experience of applying this competency in practice.
- **D - Understanding:** The individual understands the application of this competency in practice.

## **Corroboration of evidence**

You must ensure that your most recent work experience is signed by a person professionally qualified in the UK (for example, a member of the LI, RICS, RIBA, RTPI, CIEEM, ICE, etc.), and should be a line manager or colleague within your place of employment. They do not have to be a Chartered Member of the LI.

Your corroborator is asked to sign the form to confirm that, to the best of their knowledge, your application is an accurate representation of your professional standing and experience. If you do not have access to a professional person who can act as a corroborator, please explain why in your application.

Any additional work required to validate your application will result in the delay of your application's assessment.

## **Further advice**

Please contact the LI membership team [membership@landscapeinstitute.org](mailto:membership@landscapeinstitute.org)