



IRISH LANDSCAPE INSTITUTE  
INSTITIÚID TÍRDHREACHA NA hÉIREANN

# Experienced Practitioner Route to ILI Corporate Membership (Viva Voce)

## Application Form

## EXPERIENCED PRACTITIONER ROUTE TO CORPORATE MEMBERSHIP OF THE ILI - VIVA VOCE

### APPLICANT INFORMATION

Full name:

Date of birth:

Current home address:

City:

County:

Eir/Postcode:

Contact phone:

Contact email:

### LANDSCAPE AREAS OF PRACTICE

Which of the following ILI 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): |

### TYPE OF APPLICANT<sup>1</sup>

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | ILI Recognised Degree in Landscape Architecture or equivalent <sup>2</sup> .  |
| <input type="checkbox"/> | I have a non-ILI recognised degree but an IFLA Europe recognised qualification  |
| <input type="checkbox"/> | I have a qualification recognised by a member association of IFLA World but not <sup>3</sup> recognised by IFLA Europe. |
| <input type="checkbox"/> | I am a member of another National Association of IFLA and wish to also become a member of ILI.                          |

### 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:

**Please attach copies of certificates and details of modules studied**  
**You must include certified translations for any documents which are not in English**



### OTHER ACADEMIC OR PROFESSIONAL QUALIFICATIONS

University, college or other institution:

Full name of course:

<sup>1</sup> 10 years professional practice is required by all applicants.

<sup>2</sup> Historically UCD courses in landscape design are accepted subject to verification and date of graduation.

<sup>3</sup> Note that though a course may not be recognised by IFLA Europe, it is acceptable if it is sufficient for membership of another National Association of IFLA.

**EXPERIENCED PRACTITIONER ROUTE TO CORPORATE MEMBERSHIP OF THE ILI - VIVA VOCE**

Full title of qualification/level of attainment:

Date awarded:

**CURRENT EMPLOYMENT INFORMATION**

Current employer (including department):

Job title:

Start date:

**PREVIOUS EMPLOYMENT INFORMATION**

Employer:

Job title:

Dates of employment:

**Please attach a CV that details your relevant professional experience, explaining any gaps in employment if required**



**PROFESSIONAL STANDARDS STATEMENT**

In the space below, please complete a short professional standards statement that demonstrates both your understanding of what it means to be a Chartered professional, and your personal commitment to upholding the ILI’s Code Ethics and Professional Conduct. Please visit the ILI website to view this document.

[http://www.irishlandscapeinstitute.com/wp-content/uploads/2012/08/ILI\\_Code\\_of\\_Ethics\\_and\\_Professional\\_Conduct\\_2012.pdf](http://www.irishlandscapeinstitute.com/wp-content/uploads/2012/08/ILI_Code_of_Ethics_and_Professional_Conduct_2012.pdf)

Please also include evidence of the **CPD you have completed within the 3 years.**

*Please use no more than 500 words and attach as a separate sheet if needs be..*

**Please give the names of two referees who support your application. These individuals should be current or former employers, senior work colleagues or people who are otherwise aware of your work as a landscape professional.**

*Name of Reference No.1:.....*

*Relationship to Applicant:.....*

*Postal Address (required):.....*

*Contact Telephone Number (required):.....*

*Email (optional):.....*

*Name of Reference No.2:.....*

*Relationship to Applicant:.....*

*Postal Address (required):.....*

*Contact Telephone Number (required):.....*

*Email (optional):.....*

Applicants should prepare for the necessary Viva Voce Interview by reference to the following subject matter.

**1. Professional judgment, ethics and values**

- 1A Understand what it means to be a professional; the ethical dimension of your actions and responsibilities as a Chartered landscape professional
- 1B Understand and act in accordance with the ILI's Code of Conduct and Charter, acting responsibly and professionally in all of your dealings
- 1C Understand the wider contexts in which landscape decisions are made
- 1D Recognise the expertise of, and adhere to good practice in working with, professionals from other disciplines
- 1E Understand the importance of developing and maintaining your competence as a professional

**2. Organisation and management**

- 2A Understand the legal requirements and obligations which impact on practices and organisations
- 2B Understand the landscape professional's legal liabilities and duties
- 2C Understand and observe all Health & Safety requirements and guidelines
- 2D Understand how to represent and promote services offered by a department, practice or agency, and the different routes and approaches by which organisations may obtain work
- 2E Understand and describe the various ways in which organisations are selected, appointed and remunerated to undertake work
- 2F Adhere to good management practice

### **3. Assessment and analysis**

- 3A Are aware of and understand the legislation, requirements, procedures and policies which may affect your work
- 3B Understand how to identify client requirements and take steps to establish a professional working relationship
- 3C Understand how to identify user/stakeholder requirements and expectations
- 3D Understand and are able to utilise the various techniques involved in assessing the significance and context of the landscape/site
- 3E Understand how to record and report the findings of assessments appropriately

### **4. Implementation**

- 4A Understand and can describe how detailed project plans and budgets are developed with clients
- 4B Understand how tendering processes for contractors are managed on behalf of the client
- 4C Understand and describe how to agree contractual arrangements for work with contractors
- 4D Understand and describe how to monitor and control projects
- 4E Understand and describe how to manage project completion and handover

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

<input type="checkbox"/>	ILI website	<input type="checkbox"/>	Other website – please list
<input type="checkbox"/>	Publications	<input type="checkbox"/>	Other media (TV, newspaper, radio, magazine, social media)
<input type="checkbox"/>	Employer	<input type="checkbox"/>	University/UCAS fair
<input type="checkbox"/>	ILI event or training course	<input type="checkbox"/>	ILI representative or member
<input type="checkbox"/>	Word of mouth	<input type="checkbox"/>	Other (please state)

### 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 Council of the ILI.

I further understand that an application fee of €195 is payable upon approval.

I understand that if my application is successful then I will be elected a Chartered Member of the Landscape Institute and shall be bound by the ILI Charter, the ILI By-Laws and the ILI Code of Conduct.

I understand that the ILI 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 ILI; 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 ILI database. All information provided will be used for processing my annual membership and supplying me with information about the ILI and the landscape profession.

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

Signature:

Date: