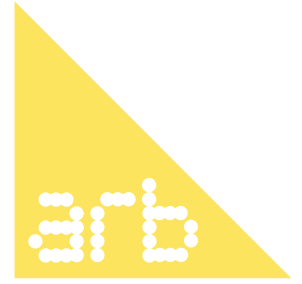


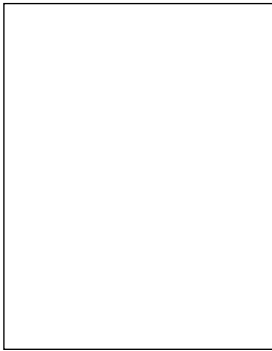
Examination Application Form



Before completing the application form, please ensure you comply with the eligibility criteria in section 2.2 of the Examination Procedures.

This form must be completed in **BLOCK LETTERS** throughout. It should be returned to ARB, together with all the supplementary material listed at Item 10: checklist, and the application fee, which is non-refundable in the event of cancellation. Postponed interviews will also attract additional administration fees.

Forms that are not completed properly will be returned to the applicant as will forms that are not supported by the requisite supplementary material. Applicants will be charged a scrutiny fee of 25% if ARB has to return their form. At the Board's discretion, additional fees may apply where incomplete applications are resubmitted.



Please attach passport size photo here

Use this form if you have gained a qualification in architecture which ARB does not prescribe.

[Have you read and understood ARB's guidance for applicants?](#) Please take time to read it carefully before making your application.

Please Specify which examination you are applying for

- Part 1** **Part 2**

Please note you must have secured **Part 1** before applying for **Part 2** examination

1. Personal Details

Surname: _____

Forename/s: _____

Title: Mr Mrs Miss Ms

Date of birth: _____

Nationality: _____

2. Corresponding Details

Address: _____

Town: _____

County/State: _____

Country: _____

Postcode: _____

Home tel no: _____

Work tel no: E-mail: _____

3. Previous assessment or examination details

Have you previously been assessed/ examined by ARB?

- Yes No

Date of previous assessment/examination: _____

Your reference number as detailed on ARB letter/s: _____

4. Educational qualifications

Qualifications in architecture [in order of award, to end with most recent]

Name of school/college/university:

Full title of academic qualification:

Start date:

Date of award:

Country:

Name of school/college/university:

Full title of academic qualification:

Start date:

Date of award:

Country:

5. Evidence of identity

Please enclose a photocopy of your passport.

The passport must be brought to your examination for inspection.

6. References

Details of references supplied to support your application, if applicable.

You must provide the Board with appropriate references if you intend to present office-based or professional work in your supporting material. (Please refer to the examination process document called Reference Templates.)

I confirm that I am not relying on office based or professional work and no references are supplied.

I am presenting office-based or professional work and the following references are provided (please list).

7. English language ability

If English is not your first language, you must hold a valid IELTS (International English Language Testing System) certificate*.

*This must be a single certificate at the academic level with no minimum band score below 6.5.

English is my first language

I enclose a valid IELTS certificate*

I enclose the ARB English Language Exemption Form with evidence

*Please note: we will only accept IELTS certificates.

8. Available dates

We will endeavour to accommodate your wishes regarding the date of interview. Please indicate below your preferred choice or choices. Examinations are normally the first Tuesday, Wednesday, and Thursday of the month.

Feb Apr Jun Aug Oct

9. Comparative Matrix

You must enclose your Comparative Matrix stating where and how you believe your supporting material meets the criteria.

10. Checklist

Please note: incomplete applications are always returned and candidates are charged the appropriate scrutiny fee.

I enclose the following documents in support of my application:

-
- Curriculum vitae

 - Eligibility statement (where qualification is not strictly in architecture)

 - Statement from Registration or Professional body confirming access to the profession (where applicable)

 - Original (or certified copies) of degree/diploma certificates

 - Original (or certified copies) of transcript/academic record

 - Copy of passport (the original must be presented for inspection on the day of your examination)

 - Comparative Matrix for Part 1, or

 - Comparative Matrix for Part 2

 - Cover sheet for Comparative Matrix to confirm number of words used. Please ensure this is dated and signed

 - References from past/present employers (where applicable)

 - Curriculum/Syllabus/Calendar of course (supply only sections relevant to you)

 - Application fee of £1671.00

 - Passport-sized photograph

 - Deed poll or marriage certificate if the name on your certificates differs from the name you use now

 - IELTS Cert or English Language Exemption Form

11. Declaration for examination

Please make the following declarations by ticking the appropriate boxes.

Have you been convicted of a criminal offence?

(You are not required to disclose any spent convictions as defined in the Rehabilitation of Offenders Act 1974.)

Yes No

Has any professional, government or regulatory body in any country:

refused to admit you to any profession?

Yes No

subjected you to a disciplinary sanction?

Yes No

restricted your ability to practise in any profession?

Yes No

instigated an investigation (which is continuing) into your conduct?

Yes No

If you have answered 'yes' to any of these questions please give details on a separate sheet of paper.

12. Data protection

The Board can pass details of your examination result to the RIBA. Please tick the box if you would like this information to be disclosed

13. Declaration

I have read and understood the fee scale for the examination, including postponement, cancellation and scrutiny fees.

I am aware that I am liable to prosecution in the UK if I falsely represent myself as an architect. All the information provided is true in every respect.

Signature:

Date:

Please note: ARB reserves the right to request, if necessary, further documentary evidence regarding your architectural education and professional experience in support of your application.

14. Making your payment

1. By credit or debit card

We accept payment by MasterCard , Debit MasterCard , Visa Credit, Visa Debit, Visa Electron , Maestro and JCB cards only.

Please provide a contact number so that we can call you to take payment _____

Please note - Payment can only be made once an application form has been submitted.

2. Online Banking

The details for paying by bank transfers are: Natwest Plc - Sort Code - 60 - 09 - 15 Account Number 36172618.

Please ensure you state your full name as the reference.

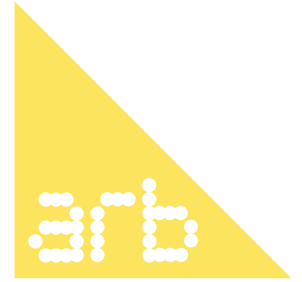
For payments from overseas, you will need to use this code: IBAN: GB33 NWBK 6009 1536 1726 18

Please ensure that all costs are for sender. Your application may be delayed if we do not receive the full amount due.

3. By cheque, banker's draft or postal order

Payments must be in UK Sterling and made payable to 'Architects Registration Board'. Please remember to write your name on the reverse of your cheque.

Equality Monitoring Form



ARB is committed to promoting equality and diversity in every aspect of our work. We aim to ensure that our services and policies are free from any form of discrimination and are fair to all, irrespective of race, age, gender, disability, sexual orientation, gender reassignment, religion or belief. In line with the Equality Act 2010, we are collecting this information to help us ensure that our policies and procedures do not act as a barrier to our services. Please be assured that the information you give will be held in the strictest confidence. It is not associated in any way with your examination application, nor is it available publicly.

Age	<input type="checkbox"/> 18-35 <input type="checkbox"/> 35-50 <input type="checkbox"/> 51-65 <input type="checkbox"/> Over 65 <input type="checkbox"/> Prefer not to say
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say

I would describe my ethnic origin as:		
Asian or Asian British <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background Black or Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background	Mixed <input type="checkbox"/> White & Asian <input type="checkbox"/> White and Black African White <input type="checkbox"/> and Black Caribbean Any <input type="checkbox"/> other mixed background White <input type="checkbox"/> British <input type="checkbox"/> Scottish <input type="checkbox"/> English <input type="checkbox"/> Welsh <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background	Other Ethnic Group <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> Prefer not to say

Please select the option which best describes your sexuality:	
<input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Prefer not to say

Please indicate your religion or belief:		
<input type="checkbox"/> Atheist <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian (all Christian denominations)	<input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Hindu	<input type="checkbox"/> Jewish <input type="checkbox"/> Other <input type="checkbox"/> Non-religious <input type="checkbox"/> Prefer not to say

Do you consider yourself to have a disability? By disability, we mean any impairment that has a substantial and long-term effect on your ability to carry out normal day-to-day duties	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
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For office use only	No.
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