



RICS Rating Diploma

Application form for the post-
qualification study course

For office use

Date of receipt

Date approved

V2.0 (April 2021)

Applicant details

Surname: _____

Forename(s): _____

Address for correspondence:

Daytime telephone: _____

Email address: _____

RICS number: _____ Date of election: _____

Designation (please circle): MRICS FRICS

Syllabus required (please circle):

England & Wales Scotland Northern Ireland Republic of Ireland

Please provide summary details of your current experience of valuation for rating purposes and the types of properties dealt with. Enough detail should be provided to demonstrate the depth and complexity of your experience as this will be used to evaluate applications. You can continue on a separate sheet if necessary.

Current employment

Applicants for award of the Rating Diploma are expected to engage in high-level and regular involvement with professional rating work. This rating work must include practical experience over at least five years, of which three years was completed after full qualification as MRICS. The following details are requested to confirm these requirements have been met.

Employer's name: _____

Employment location: _____

Department: _____

Date current employment commenced: _____

Present responsibilities:

Previous employment

Employer: _____

From: _____ To: _____

Position held and responsibilities:

Applicant declaration

I confirm that I wish to undertake the RICS Rating Diploma course and declare that the information set out above is correct.

Signature: _____

Print name: _____

Date: _____

Employer's confirmation*

*To be completed by the applicant's head of department, or authorised deputy, otherwise by the principal or a partner in the applicant's firm.

I, the undersigned, consider that the business in which the applicant is engaged, and the position occupied, entitle the applicant to enter the study course and, in the event of successful completion of the course, to the award of the diploma.

Signature: _____

Print name: _____

Job title: _____

Address: _____

Email address: _____

Telephone: _____

Date: _____

Please return this form by email to the RDHS course administrator using the following e-mail address:

e sandy.m.leonard@voa.gov.uk

The course administrator is also happy to answer any queries and can be contacted either by e-mail or by telephone:

t 03000 504467

m 07825 725732