**A picture containing text, clipart

Description automatically generated**

**RICS External Wall Systems (EWS) Assessment Training Programme**

Eligibility Review

If you are a Chartered Architectural Technologist and would like to check your eligibility for RICS’ EWS assessment training programme, please complete and return this form to the Membership Department at membership@ciat.global. You will receive a response within ten working days. **N.B.** all sections of the form are mandatory.

The EWS assessment training programme offered by RICS is funded by the MHCLG and is designed for **designated, competent professionals** in the UK who already have a base knowledge to undertake external wall system assessments for low to medium risk residential buildings; increasing the number of professionals to support the current market demand. Buildings over 18m or those which require specialist testing will still require a qualified fire safety engineer to carry out the EWS assessments.

You should only complete the EWS assessment training programme if you intend to undertake EWS assessments and RICS may request sample reports to be submitted upon completion of the training. To undertake and provide EWS assessments you must also have the necessary professional indemnity insurance in place which provides the required cover for EWS assessments.

Further information, including the content of the programme and FAQs, is available online at [EWS Assessment Training Programme (rics.org)](https://ww3.rics.org/content/forms/af/epi-cms-forms/cabe---ews-assessment-training-programme.html).

|  |  |
| --- | --- |
| **Your details** | |
| Name |  |
| CIAT registration number |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Other relevant academic/professional qualifications** | | | |
| Name of organisation | Grade | How qualification was achieved (e.g. examination) | Year gained |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Professional experience** (list number of years’ relevant experience as well as your current employment details) | | |
| **Employer** | **Position held (job title)** | **Date from:** |
|  |  |  |
| **Overview of scope and responsibilities:** | | |

|  |
| --- |
| **Statement of experience** (maximum 500 words) You are required to provide a written summary of how your experience relates to fire safety including undertaking external wall system assessments for low to medium risk residential buildings. You may be required to provide further evidence after reviewing your statement.  This summary must demonstrate that you have the skills to assess the level of fire safety in buildings and in proposed building projects, and that you are able to advise on how to achieve required levels of safety when you are not present.  You must demonstrate knowledge and understanding of the consequences of fire in a building, how it is modified by the enclosure and how the impact may be controlled. You must be able to demonstrate how fire safety principles are applied to practical situations so as to minimise the risk from fire to personal injury or death, physical loss and adverse environmental impact.    Examples of knowledge include:   * How a fire might start in buildings, how it will spread and can be contained by the structure or layout; * How the structure might be protected; * Understand the methods for safe escape; * The responsibility of duty holders, such as occupiers or management undertaking risk assessments; * Systems to protect buildings and occupiers e.g. detection and suppression. |
|  |

|  |  |
| --- | --- |
| **This form must be supported by two Chartered professionals in the Built Environment** (Provide their details here. An e-signature or a supporting email is acceptable in lieu of a written signature) | |
| **Name** | Click here to enter text. |
| **Professional Body and Registration/Membership number** | Click here to enter text. |
| I have reviewed this form, and to the best of my knowledge, I confirm the information provided within this document is correct. The Chartered Member is suitably qualified to undertake RICS’ EWS assessment training programme. | |
| **Signature** |  |
| **Date** | Click here to enter a date. |

|  |  |
| --- | --- |
| **Name** | Click here to enter text. |
| **Professional Body and Registration/Membership number** | Click here to enter text. |
| I have reviewed this form, and to the best of my knowledge, I confirm the information provided within this document is correct. The Chartered Member is suitably qualified to undertake RICS’ EWS assessment training programme. | |
| **Signature** |  |
| **Date** | Click here to enter a date. |

|  |  |
| --- | --- |
| **Your declaration** | |
| I confirm the information provided within this document is correct. I have the necessary skills, qualifications and experience to undertake RICS’ EWS assessment training programme.  I confirm that I will hold the required Professional Indemnity Insurance to undertake EWS assessments. | |
| **Signature** |  |
| **Date** | Click here to enter a date. |