

EEA EFTA Route Application Form

Architects Registration Board
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This form is to be completed in block letters by an applicant who has an architect's professional qualification obtained in Iceland, Liechtenstein or Norway.

When completed, this form should be emailed to info@arb.org.uk, together with all the required documents.

Please see page 4 for details of how to pay the application fee.

1. Personal details

Title Mr Mrs Miss Ms Other

Surname

Forenames

Date of Birth

Place of Birth

Nationality

2. Address

Practice Name
(If applicable)

Address

Town

County/State

Country

Postcode

Tel. No

E-mail

Website

3. Previous application for registration in the UK

Yes

No

Date

Ref. Number

4. Checklist

Failure to include these items will delay your application (see guidance for details).

I enclose/attach:

Copy of my professional qualification

EEA EFTA authority statement
(Refer to guidance)

Evidence of identity
(Passport or national ID card)

Copy of marriage certificate/deed poll
(Only necessary if name differs from that on supplied certificates)

Completed mapping template
(Refer to guidance)

Payment

5. Qualifications

Please provide full title/s of qualification/s held (e.g. Master of Architecture, University of Anytown) and date of award.

EEA EFTA competent authority on whose recognition you rely:

6. Your availability

Please indicate if there are any specific date/s or ranges of dates when you will be unavailable to meet with the application reviewers. We will work with you to find mutually convenient dates/times.

From

To

7. Declaration

Please now make the following declarations by ticking the appropriate box for each question.

WARNING: It is a criminal offence under Section 7 of the Architects Act 1997 to attempt to become registered under the Act by making (whether orally or in writing) a false representation or declaration.

Yes No

Have you ever been convicted of a criminal offence?

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

Refused to admit you to any profession?

Subjected you to a disciplinary sanction?

Restricted your ability to practise in any profession?

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

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

Signed by

Signature

Date

8. Payment

The fee for an initial EEA EFTA route application is £2600.00.

A scrutiny fee of £650.00 will apply to applications made which are subsequently found not to conform with eligibility requirements. (The remaining application fee will be refunded).

Applicants who are unsuccessful in their initial application and who need to make a further resubmission, will be required to pay an additional fee of £750.00.

Payment can be made 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.

Contact number

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

9. Equality and diversity data

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. It will also assist us in the continuous development of this application process and our other application processes.

Please be assured that the information you give will be held in the strictest confidence and held in accordance with data protection legislation.

Age

Under 18

51 - 65

18 - 35

Over 65

36 - 50

Prefer not to say

Ethnicity

Please specify your ethnic origin. Ethnic categories are not about nationality, place of birth or citizenship. They are about the group to which you feel you belong to.

Asian or Asian British

Bangladeshi

Chinese

Indian

Pakistani

Any other Asian background

Black or Black British

African

Caribbean

Any other Black background

White

British

English

Irish

Northern Irish

Scottish

Welsh

Any other White background

Mixed

Asian and White

Black African and White

Black Caribbean and White

Any other mixed background

Other

Any other ethnic background

Prefer not to say

Gender

Please specify your gender:

Female

Other

Male

Prefer not to say

Non-binary

Sexuality

Please specify your sexual orientation:

Bisexual	Other
Gay/Lesbian	Prefer not to say
Heterosexual/Straight	

Religion

Atheist	Muslim
Buddhist	Sikh
Christian	Any other
Hindu	Non-religious
Jewish	Prefer not to say

Disability

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.

Yes

No Prefer not to say

Socio-economic background

By the time you were 14 years old, had one or more of your parent(s) or guardian(s) completed a university degree course or equivalent (e.g. BA, BSc, or higher)?

Yes

No Prefer not to say