

Registered Practice

REGISTERED PRACTICE NAME |

Registered Practice Member Number |

(Leave BLANK if un-known)

REGISTERED PRACTICE APPLICATION

CONTACT INFORMATION

Full Contact Name:		
Title (Mr, Ms, Mrs, Dr/Prof):	Name of Practice/department:	
Address:		
City:	County/Country:	Postcode:
Work Phone:	Website:	E-mail:

Is the address you have given the Head Office:

Yes	<input type="checkbox"/>			No	<input type="checkbox"/>	
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TYPE OF PRACTICE

Which of the following are you registering your practice/department as:

<input type="checkbox"/> Landscape Practice – Private Practice	<input type="checkbox"/> Landscape Practice - Branch Office	<input type="checkbox"/> Landscape Practice – Sole Practice
<input type="checkbox"/> Multi-Disciplinary – Private Practice	<input type="checkbox"/> Multi-Disciplinary – Branch Office	<input type="checkbox"/> Multi-Disciplinary – Sole Practice
<input type="checkbox"/> Local Authority – Landscape Department	<input type="checkbox"/> Registered Charity	<input type="checkbox"/> Other (<i>Please state</i>)

FORM OF TRADING

Please select one of the following:

<input type="checkbox"/> Charity	<input type="checkbox"/> Limited Company / LLP	<input type="checkbox"/> Local Authority
<input type="checkbox"/> Partnership	<input type="checkbox"/> PLC	<input type="checkbox"/> Sole Trader

DISCIPLINES

Please select the professional disciplines that are practiced by the Principle/Department leaders:

<input type="checkbox"/> Landscape Planning	<input type="checkbox"/> Town Planning
<input type="checkbox"/> Landscape Architecture	<input type="checkbox"/> Architecture
<input type="checkbox"/> Landscape Design	<input type="checkbox"/> Urban Design
<input type="checkbox"/> Garden Design	<input type="checkbox"/> Forestry (Woodland / Trees)
<input type="checkbox"/> Landscape Management	<input type="checkbox"/> Surveying
<input type="checkbox"/> Landscape Science	<input type="checkbox"/> Ecology
<input type="checkbox"/> Civil Engineering	<input type="checkbox"/> Other (<i>Please state</i>)

EXPERTISE AND SERVICES

Please select the expertise and services that apply to the Practice/Department you are registering:

<input type="checkbox"/> Arboriculture	<input type="checkbox"/> Legislation – England
<input type="checkbox"/> Building Design (Green Roofs / Walls etc)	<input type="checkbox"/> Legislation – Wales
<input type="checkbox"/> CDM	<input type="checkbox"/> Legislation – Scotland
<input type="checkbox"/> Community Engagement	<input type="checkbox"/> Legislation – Northern Ireland

REGISTERED PRACTICE APPLICATION

<input type="checkbox"/>	Contracts	<input type="checkbox"/>	Liability / Risk Assessment
<input type="checkbox"/>	Costal / Marine	<input type="checkbox"/>	Lighting
<input type="checkbox"/>	Energy (Windfarms / Power Stations etc)	<input type="checkbox"/>	Master Planning
<input type="checkbox"/>	Environmental Conservation	<input type="checkbox"/>	Minerals / Extraction / Landfill
<input type="checkbox"/>	Environmental Designations	<input type="checkbox"/>	Parks / Recreation / Sport
<input type="checkbox"/>	Environmental Impact Assessment	<input type="checkbox"/>	Pollution Control
<input type="checkbox"/>	Environmental Planning	<input type="checkbox"/>	Project Management
<input type="checkbox"/>	Food	<input type="checkbox"/>	Public Inquiry / Giving Evidence
<input type="checkbox"/>	Habitat Protection	<input type="checkbox"/>	Regeneration
<input type="checkbox"/>	Health	<input type="checkbox"/>	School Grounds & Play
<input type="checkbox"/>	Highways	<input type="checkbox"/>	Spatial Planning
<input type="checkbox"/>	Historic Landscapes	<input type="checkbox"/>	Sustainable Design
<input type="checkbox"/>	Horticulture	<input type="checkbox"/>	Visual Impact Assessment
<input type="checkbox"/>	Housing	<input type="checkbox"/>	Water Management (Drainage / Flood Risk etc)
<input type="checkbox"/>	Industrial Sites / Remediation	<input type="checkbox"/>	Wayfinding
<input type="checkbox"/>	Landscape Character Assessment		

BUILDING INFORMATION MODELLING

Please indicate which level of BIM Maturity your Practice/Department is working to:

<input type="checkbox"/>	Level 0	<input type="checkbox"/>	Level 1
<input type="checkbox"/>	Level 2	<input type="checkbox"/>	Level 3

Level 0

Unmanaged CAD, in 2D, with paper (or electronic paper) data exchange.

Level 1

Managed CAD, in 2D or 3D format using BS1192:2007, with a collaboration tool providing a common data environment, possibly some standard data structures and formats. Commercial data managed by stand-alone finance and cost management packages with no integration.

Level 2

Managed 3D environment held in separate discipline "BIM" tools with attached data. Commercial data managed by an ERP. Integration on the basis of proprietary interfaces or bespoke middleware could be regarded as "pBIM" (proprietary). The approach may utilize 4D and 5D cost elements as well as feed operational systems.

Level 3

A fully integrated and collaborative process enabled by 'web services' and compliant with emerging Industry Foundation Class (IFC) standards. This level of BIM will utilize 4D construction sequencing, 5D cost information and 6D project lifecycle management information.

YEAR OUT STUDENTS

Is your Practice/Department willing to take year-out Students:

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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REGISTERED PRACTICE APPLICATION

PRACTICE PERSONNEL

Please state the names, with LI Member numbers, of all the **FULLY QUALIFIED** Landscape Principals at your Practice:

- Principal 1 –
- Principal 2 –
- Principal 3 –
- Principal 4 –
- Principal 5 –

A Principal is defined as a Partner or Director of the Practice with full legal, managerial, and financial responsibility for the landscape work of the Practice.

Please state the names, with LI Member numbers, of any other Related Principals that are **FULLY QUALIFIED** in a discipline other than landscape architecture:

- Related Principal 1 –
- Related Principal 2 –
- Related Principal 3 –
- Related Principal 4 –
- Related Principal 5 –

Where more than one is qualified in the same discipline, please only designate one, with the appropriate letters of designation. If your Practice is situated in a country outside the UK, Principals who have qualified professionally in that country may be listed.

DEPARTMENT PERSONNEL

Please state the names, with LI Member numbers, of all the **FULLY QUALIFIED** Department Leaders at your Practice/Department:

- Department Leader 1 –
- Department Leader 2 –
- Department Leader 3 –
- Department Leader 4 –
- Department Leader 5 –

A Department Leader must have full managerial, and technical responsibility for the landscape work of the Department and the Chief Executive of the Practice/Organisation must undertake that they will allow the Department Leader to practice in accordance with the Landscape Institute's Code of Conduct.

Please state the names, with LI Member numbers, of any other Related Department Leaders that are **FULLY QUALIFIED** in a discipline other than landscape architecture:

- Related Department Leader 1 –
- Related Department Leader 2 –
- Related Department Leader 3 –
- Related Department Leader 4 –
- Related Department Leader 5 –

Where more than one is qualified in the same discipline, please only designate one, with the appropriate letters of designation. If your Practice is situated in a country outside the UK, Principals who have qualified professionally in that country may be listed.

REGISTERED PRACTICE APPLICATION

PRACTICE STATUS

Please select the appropriate status for your Practice/Department:

<input type="checkbox"/>	Full Time	<input type="checkbox"/>	Part Time
<i>Landscape Principal/Department Leader is at the office full-time</i>		<i>Landscape Principal/Departmental Leader is not in full-time attendance, but the office is staffed by a CMLI</i>	
<input type="checkbox"/>	Branch	<input type="checkbox"/>	Other (<i>Please state</i>)
<i>Landscape Principal/Departmental Leader attends regularly, but for unspecified periods and the office is not staffed by a CMLI</i>			

NUMBER OF PERSONNEL

Please state the **TOTAL** number of personnel employed within the whole Practice/Department registering, this should include admin, clerical, and multi-disciplinary staff:

Number of TOTAL Personnel -

Please state the **TOTAL** number of Landscape personnel employed within the whole Practice/Department registering, this should include admin, and clerical staff:

Number of TOTAL Landscape Personnel -

SUMMARY DESCRIPTION

Please provide a summary of your Practice/Department (*max 100 words*):

This summary will appear on the on-line Registered Practice Directory and it is intended to reflect the broad range of work carried out by the Practice/Department.

REGISTERED PRACTICE APPLICATION

PRACTICE DECLARATIONS

Practice holding PII cover with McParland Finn:

I declare that this Practice holds professional indemnity insurance with McParland Finn and we authorise you to contact McParland Finn to obtain confirmation.

Signature of Principal:

Date:

Practice holding cover with other Insurance Broker:

I declare that this Practice holds professional indemnity insurance and enclose as evidence EITHER a copy of the relevant section of the policy OR a signed statement from the insurance company/broker.

Please make sure the date of expiry of the policy is included.



Signature of Principal:

Date:

I confirm that I am the Principal of the Practice with full legal, managerial, and financial responsibility for the landscape work of the Practice. I certify that the information provided is to the best of my knowledge true and accurate.

Signature of Principal:

Date:

I further declare that I shall be bound by the LI Charter, the LI By-Laws and the LI Code of Conduct.

I understand that the LI reserves the right to terminate the Registered Practice Membership if I fail to pay the subscription on time.

I further understand that I may terminate the Registered Practice membership at any time by giving written notice to the LI; if I choose to resign the Practice I will be invoiced for any outstanding subscription fees relating to that part of the subscription year.

Signature of Principal:

Date:

REGISTERED PRACTICE APPLICATION

DEPARTMENT DECLARATIONS

Department holding PII cover with McParland Finn:

I declare that this Department holds professional indemnity insurance with McParland Finn and we authorise you to contact McParland Finn to obtain confirmation.

Signature of Department Leader:

Date:

Department holding cover with other Insurance Broker:

I declare that this Department holds professional indemnity insurance and enclose as evidence EITHER a copy of the relevant section of the policy OR a signed statement from the insurance company/broker.

Please make sure the date of expiry of the policy is included.



Signature of Department Leader:

Date:

Public Authority Acting as a Consultancy to Other Authorities:

I declare that the authority is indemnified and enclose a letter of confirmation from the Chief Executive enclosing EITHER a copy of the relevant section of the policy (the schedule) OR a signed statement from the insurance company/broker.

Please make sure the date of expiry of the policy is included.



Signature of Department Leader:

Date:

I confirm that I am the Department Leader with full technical and managerial responsibility for the landscape work of the Practice/Department. I certify that the information provided is to the best of my knowledge true and accurate.

Signature of Department Leader:

Date:

I confirm that I am the Chief Executive of the landscape Practice/Department and undertake that I will enable the above Department Leader to practice in accordance with the LI Code of Conduct. I undertake that the information provided is to the best of my knowledge true and accurate.

Signature of Chief Executive:

Date:

I further declare that I shall be bound by the LI Charter, the LI By-Laws and the LI Code of Conduct.

I understand that the LI reserves the right to terminate the Registered Practice Membership if I fail to pay the subscription on time.

I further understand that I may terminate the Registered Practice membership at any time by giving written notice to the LI; if I choose to resign the Practice I will be invoiced for any outstanding subscription fees relating to that part of the subscription year.

Signature of Department Leader:

Date: