

**REGISTERED PRACTICE NAME|**

**Registered Practice Member Number |** (*Leave BLANK if un-known)*

**Registered Practice**

| **rEGISTERED PRACTICE Application** | | | | | | | | | | | | | | | | | | | | |
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| **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 | | |  |  | | | | | No | | | | |  | |  | | | | |
| **type of practice** | | | | | | | | | | | | | | | | | | | | |
| Which of the following are you registering your practice/department as: | | | | | | | | | | | | | | | | | | | | |
|  | Landscape Practice – Private Practice | | | | |  | Landscape Practice - Branch Office | | | | | | | | | | |  | Landscape Practice – Sole Practice | |
|  | Multi-Disciplinary – Private Practice | | | | |  | Multi-Disciplinary – Branch Office | | | | | | | | | | |  | Multi-Disciplinary – Sole Practice | |
|  | Local Authority – Landscape Department | | | | |  | Registered Charity | | | | | | | | | | |  | Other *(Please state)* | |
| **FORM OF TRADING** | | | | | | | | | | | | | | | | | | | | |
| Please select one of the following: | | | | | | | | | | | | | | | | | | | | |
|  | Charity | | | | |  | Limited Company / LLP | | | | | | | | | | |  | Local Authority | |
|  | Partnership | | | | |  | PLC | | | | | | | | | | |  | Sole Trader | |
| **DISCIPLINES** | | | | | | | | | | | | | | | | | | | | |
| Please select the professional disciplines that are practiced by the Principle/Department leaders: | | | | | | | | | | | | | | | | | | | | |
|  | Landscape Planning | | | | | | | | |  | | Town Planning | | | | | | | | |
|  | Landscape Architecture | | | | | | | | |  | | Architecture | | | | | | | | |
|  | Landscape Design | | | | | | | | |  | | Urban Design | | | | | | | | |
|  | Garden Design | | | | | | | | |  | | Forestry (Woodland / Trees) | | | | | | | | |
|  | Landscape Management | | | | | | | | |  | | Surveying | | | | | | | | |
|  | Landscape Science | | | | | | | | |  | | Ecology | | | | | | | | |
|  | Civil Engineering | | | | | | | | |  | | Other *(Please state)* | | | | | | | | |
| **EXPERTISE AND SERVICES** | | | | | | | | | | | | | | | | | | | | |
| Please select the expertise and services that apply to the Practice/Department you are registering: | | | | | | | | | | | | | | | | | | | | |
|  | Arboriculture | | | | | | | | |  | | Legislation – England | | | | | | | | |
|  | Building Design (Green Roofs / Walls etc) | | | | | | | | |  | | Legislation – Wales | | | | | | | | |
|  | CDM | | | | | | | | |  | | Legislation – Scotland | | | | | | | | |
|  | Community Engagement | | | | | | | | |  | | Legislation – Northern Ireland | | | | | | | | |
|  | Contracts | | | | | | | | |  | | Liability / Risk Assessment | | | | | | | | |
|  | Costal / Marine | | | | | | | | |  | | Lighting | | | | | | | | |
|  | Energy (Windfarms / Power Stations etc) | | | | | | | | |  | | Master Planning | | | | | | | | |
|  | Environmental Conservation | | | | | | | | |  | | Minerals / Extraction / Landfill | | | | | | | | |
|  | Environmental Designations | | | | | | | | |  | | Parks / Recreation / Sport | | | | | | | | |
|  | Environmental Impact Assessment | | | | | | | | |  | | Pollution Control | | | | | | | | |
|  | Environmental Planning | | | | | | | | |  | | Project Management | | | | | | | | |
|  | Food | | | | | | | | |  | | Public Inquiry / Giving Evidence | | | | | | | | |
|  | Habitat Protection | | | | | | | | |  | | Regeneration | | | | | | | | |
|  | Health | | | | | | | | |  | | School Grounds & Play | | | | | | | | |
|  | Highways | | | | | | | | |  | | Spatial Planning | | | | | | | | |
|  | Historic Landscapes | | | | | | | | |  | | Sustainable Design | | | | | | | | |
|  | Horticulture | | | | | | | | |  | | Visual Impact Assessment | | | | | | | | |
|  | Housing | | | | | | | | |  | | Water Management (Drainage / Flood Risk etc) | | | | | | | | |
|  | Industrial Sites / Remediation | | | | | | | | |  | | Wayfinding | | | | | | | | |
|  | Landscape Character Assessment | | | | | | | | |  | | | | | | | | | | |
| **BUILDING INFORMATION mODELLING** | | | | | | | | | | | | | | | | | | | | |
| Please indicate which level of BIM Maturity your Practice/Department is working to: | | | | | | | | | | | | | | | | | | | | |
|  | Level 0 | | | | | | | | |  | | Level 1 | | | | | | | | |
|  | Level 2 | | | | | | | | |  | | 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: | | | | | | | | | | | | | | | | | | | | |
|  | Yes | | | | | | | | |  | | No | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **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/Orginisation 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.* | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **PRACTICE STATUS** | | | | | | | | | | | | | | | | | | | | |
| Please select the appropriate status for your Practice/Department: | | | | | | | | | | | | | | | | | | | | |
|  | | Full Time | | | | | | | | | | |  | | Part Time | | | | | |
| *Landscape Principal/Department Leader is at the office full-time* | | | | | | | | | | | | | *Landscape Principal/Departmental Leader is not in full-time attendance, but the office is staffed by a CMLI* | | | | | | | |
|  | | Branch | | | | | | | | | | |  | | Other *(Please state)* | | | | | |
| *Landscape Principal/Departmental Leader attends regularly, but for unspecified periods and the office is not staffed by a CMLI* | | | | | | | | | | | | |  | | | | | | | |
| **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.* | | | | | | | | | | | | | | | | | | | | |
| **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: | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **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: | | | | | | |