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**FORM TO ASSIST THE MIGRATION OF  
PROFESSIONALLY QUALIFIED  
LANDSCAPE ARCHITECTS**

This form has been produced by IFLA EUROPE to assist the process of migration of professionally qualified landscape architects from one professional association to another between member countries of IFLA EUROPE.

The form is obtainable on line from [www.iflaeurope.eu](http://www.iflaeurope.eu) and may be completed interactively.

Once completed (this must include the ATTESTATION from the professional association that the applicant is currently a member of) a copy of the form **should** be sent to the [secretariat@iflaeurope.eu](mailto:secretariat@iflaeurope.eu) who will date and register the application.

Once the application is registered, the form should to be sent by the applicant to the professional association that the applicant wishes to join. Copies of all correspondence concerning the application between the professional association and the applicant may be sent to IFLA Europe.

On completion of the process the applicant should inform IFLA Europe of the outcome. In cases of difficulties arising, the applicant should contact IFLA Europe immediately.



## APPLICATION

Registration N°

Date:

### PERSONAL DATA

Name

Nationality

Date of Birth

Gender  Male  Female

Identity Card or Passport N°

Preferred Address

Post Code

Town or City

Country

Email

Phone n°

Mobile N°

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### MEMBERSHIP DATA

Name of IFLA EUROPE NATIONAL ASSOCIATION COUNTRY

National Association Name

Membership class

Membership N°

Professional Insurance (Company and reference no.)



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## ACADEMIC QUALIFICATIONS

Qualification awarded (1) Date

University, School or College (1)

Address (1)

Dates attended - from to EQF's (1)

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Qualification awarded (1) Date

University, School or College (1)

Address (1)

Dates attended - from to EQF's (1)

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Qualification awarded (1) Date

University, School or College (1)

Address (1)

Dates attended - from to EQF's (1)

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## PROFESSIONAL QUALIFICATIONS

Qualification awarded (1) Date

Awarding Authority (2)

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Qualification awarded (2) Date

Awarding Authority (2)

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## PROFESSIONAL EXPERIENCE

Work Experience (1)

Employers name

Address

Country

Dates

Position held

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Work Experience (2)

Employers name

Address

Country

Dates

Position held

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Work Experience (3)

Employers name

Address

Country

Dates

Position held

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## DOCUMENTS INCLUDED (copies)

Passport/Identity Card

Resident Permit

Membership of National Association (NA)

Insurance Details

Academic Qualifications

Professional Qualifications

Professional Experience

Attestation from NA

Note: The attestation attached to this form must be completed by your National Association and forwarded with the form.

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Signature:

Place and date:

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## ATTESTATION

(Insert name of the professional association)

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.....  
.....

hereby certifies that the applicant is a member of the above professional association and that the information provided on the attached form is believed to be accurate. In the doing so, the association also confirms the professional status of the applicant.

Signed (on behalf of the association)

Signature:

.....

NAME IN CAPITAL LETTERS

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POSITION OR FUNCTION

.....

Date .....

Place

.....