



PROFESSIONAL CONDUCT COMMITTEE CHAIRPERSON

The Architects Registration Board is the statutory regulator of architects in the UK, under the terms of the Architects Act 1997. The Professional Conduct Committee (PCC) is a standing committee of the Board, and considers allegations of unacceptable professional conduct and serious professional incompetence against architects, imposing penalties as appropriate.

Under the Act, the Law Society must nominate three legally qualified persons to the Committee, one of whom must sit at each Panel to make it quorate. A lay member and an architect member of the Committee must also be present, as must the Clerk to the Committee (a solicitor appointed by the Board to ensure proceedings progress in line with the Rules). The Law Society nominee normally chairs each panel.

Responsibilities

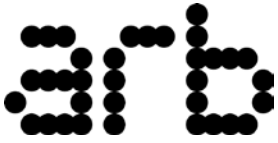
- To deliver the smooth running of disciplinary cases at Professional Conduct Committee hearings
- Ensuring that Committee members have the correct papers and are prepared for the cases to be heard
- Ensuring that all parties understand the process, and that proceedings are conducted fairly and within the provisions of the Professional Conduct Committee Rules
- Ensuring that all those appearing before the Committee engage with the process as effectively as possible, and that cultural and other extraneous factors are taken into consideration
- Ensuring that Committee members understand the issues under consideration and that deliberations proceed properly
- Drafting and announcing decisions of the Professional Conduct Committee
- Giving reasons as to why the Committee chose to impose any sanction
- Approving the Committee minutes

Experience

- Knowledge of regulatory or criminal law
- Experience of tribunal or conduct committee proceedings

Key Skills

- Ability to manage proceedings in a fair and timely manner
- Highly developed analytical skills, and the ability to consider and assess voluminous documentation
- Ability to draft clear and concise decisions
- Good communication skills, both written and oral
- Ability to draw others into the decision making process
- Available for an average of eight days a year



Architects Registration Board

8 Weymouth Street
London W1W 5BU

Telephone 020 7580 5861
Facsimile 020 7436 5269
e-mail info@arb.org.uk
website www.arb.org.uk

Application Form

Post Applied for:
PCC Chairperson

1 Personal Details

Surname:

Forenames:

Title (Mr, Mrs, Miss, Ms, Other):

2 Address

Home tel no:

Work tel no:

Fax no:

e-mail:

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3 Educational Qualifications

What academic qualifications do you hold?

Name of college/university:

From/to:

Give details of major subjects studied, examinations taken and results:

4 Professional/vocational qualifications

Name of Body

Date of entry

Level

Entry by exam?

Give details of major subjects studied, examinations taken and results:

5 Additional information

Courses attended/other specialised training or knowledge which you feel are relevant to this role

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6 Present/last job

Job title

Date of appointment

Name of employer

Tel. no.

Address

Details

7 Further information

Please indicate how you meet the criteria as set out in the person specification/role description for this position, giving examples where appropriate. (Please continue on a separate sheet if necessary)

Experience:

Special skills/abilities

8 Referees

Please give the name, address and telephone number of at least one referee.

Your present employer will not be contacted without your permission.

Name:

Job title:

Address:

Telephone no:

Name:

Job title:

Address:

Telephone no.

9 Further information

Please state where you saw this vacancy advertised:

Do you require a work permit to work in this country? Yes/No

Have you ever been convicted of a criminal offence? Yes/No

(Declaration subject to the Rehabilitation of Offenders Act)

If yes, please give details:

Are you able to commit to a minimum of five days per year and one training day to carry out this role? Yes/No

11 Declaration

I declare that to the best of my knowledge the information given on this form is true and correct. I understand that if it is subsequently discovered that any statement is false or misleading, I will be dismissed from employment.

Signature:

Date:

Please complete and return to:

**Simon Howard
Architects Registration Board
8 Weymouth Street
London W1W 5BU**



Architects Registration Board

Equality monitoring form

ARB is committed to promoting equality and diversity in every aspect of our work. We aim to ensure that our services and policies are free from any form of discrimination and are fair to all, irrespective of race, age, gender, disability, sexual orientation, gender reassignment, religion or belief.

You are asked, but not obliged, to complete this form and return it with your response.

Age	<input type="checkbox"/> 18-35	<input type="checkbox"/> 35-50	<input type="checkbox"/> 51-65	<input type="checkbox"/> Over 65	<input type="checkbox"/> Prefer not to say
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say				

I would describe my ethnic origin as:		
Asian or Asian British <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background Black or Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background	Mixed <input type="checkbox"/> White & Asian <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> Any other mixed background White <input type="checkbox"/> British <input type="checkbox"/> Scottish <input type="checkbox"/> English <input type="checkbox"/> Welsh <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background	Other Ethnic Group <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> Prefer not to say

Please select the option which best describes your sexuality	
<input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Prefer not to say

Please indicate your religion or belief		
<input type="checkbox"/> Atheist <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian (all Christian denominations)	<input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Hindu	<input type="checkbox"/> Jewish <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say

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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
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For office use only	No.
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