



Architect's
Register
Admission
Examination

ARAE Examination - FORM 1: Expression of Interest

Contact Details:

First Name : _____ Surname: _____

Address : _____

Date of Birth : _____ Email: _____

Telephone : _____ Mobile: _____

Signature : _____

- Complete and return this form - 1. a.s.a.p to be allocated a Candidate number
- Complete Application Form - 2. and enclose with Stage 1 Submission

Postal Address: Applications, ARAE Ltd. , 34 Lower Leeson Street, Dublin 2



Architect's
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ARAE Examination - FORM 2: Application Form

CANDIDATE NO.

First Name : _____ Surname: _____

Address: _____

Date of Birth: _____ Email: _____

Telephone : _____ Mobile: _____

Signature : _____

Application Checklist:

- Completed and signed Application Form.
- Copy of proof of identity (e.g. Passport, Driver's licence)
- 2no. passport - size photographs (with your name on the reverse)
- Application Fee €725.00 (cheque or bank draft, payable to ARAE Ltd.)

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