ipav | Institute of Professional Auctioneers & Valuers
Young Professionals Network

Application For Novice Rostrum Auctioneer Competition

Friday, 5th March 2027

Closing date for entries is Monday, 22nd February 2027

Criteria:

- You must hold a valid PSRA license.
- You do not need to hold a category 'A' license for this competition.
- You do not need to be a member of IPAV to participate.
- Rostrum experience not required.
- *If you have rostrum experience, you must **not** have been on the rostrum for more than 5 auctions in total up to 22nd February 2027.*

Full Name: (Block Capitals)	
Company Name: (Block Capitals)	
Position/ Job Title: (Block Capitals)	
Mobile Phone Number:	
Email: (Block Capitals)	

Please provide as much detailed experience as possible on past rostrum experience you have including charity auctions

(if no experience, please state 'None')

Which discipline of auctioneering are you involved in?	**Discipline:**
Antiques & Fine Art:	**Experience:**
Property:	**Experience:**
Livestock & Agricultural:	**Experience:**
Plant & Machinery:	**Experience:**
Asset Recovery:	**Experience:**
Good and Chattels:	**Experience:**

Charity Auctions:	Experience:

When was your first time on the rostrum? *(if applicable)*
Have you undertaken any rostrum sales yourself and if so, how many sales have you undertaken? *(if applicable)*
Have you received any other professional rostrum training?
What do you hope to gain from taking part?

Eligibility Reference:

Please provide the details of a referee who can confirm your eligibility to compete in the Novice Rostrum Auctioneer Competition. The referee should be a suitably qualified person (e.g. employer, mentor, trainer, or industry professional) who can verify your level of experience.

Referee Name:	
Organisation/ Role:	
Referee Email Address:	
Referee Phone Number:	
I consent to IPAV YPN Committee contacting the above person: **Full Name: _____ Signature: _____ Date: ___/___/**2027	

PSRA License:

PSRA License Number:	
PSRA License Expiry Date:	
Please tick the category of PSP license do you hold from the PSRA? **(A) ☐ (B) ☐ (C) ☐ (D) ☐**	

I hereby grant IPAV permission to include my name and image in its marketing, promotional, and advertising materials, including online platforms and printed publications:

Full Name: _____ **Signature:** _____ **Date:** ___/___/2027

Checklist:

Please tick ☑

☐ Submit your completed entry form to IPAV by email or post:

- **Email:** jakub@ipav.ie
- **Post:** IPAV, 129 Lower Baggot Street, Dublin 2, D02 HC84

☐ Include a **high-resolution headshot photograph** and a **short professional biography** for promotional and publication purposes.

☐ Pay the registration fee of **€50.00** to IPAV. Payment may be made by card, EFT, or cheque.
For payment details, call IPAV on **01 678 5685**.

☐ Ensure your entry is received by the closing date: **Monday, 22nd February 2027**.

Full Name: _____ **Signature:** _____ **Date:** ___/___/2027

For queries, contact IPAV on **01 678 5685** or **jakub@ipav.ie**, or **Niamh Giffney** on **087 414 4568**.