

INSTITUTE OF EXPLOSIVES ENGINEERS Registration Application

PRIVATE AND CONFIDENTIAL WHEN COMPLETE

This form has been designed to be completed electronically. If choosing to complete by hand, please use black ink and write clearly.
All fields are mandatory, please complete all fields to avoid any delay in processing your application.

Please return this completed form and return to the Institute of Explosives Engineers

FOR OFFICE USE ONLY		FOR OFFICE USE ONLY	
Non-refundable fee received		Date Received.....	
Date:		Date forwarded to Review Panel.....	
REGISTRATION DETAILS			
Please tick the section of the Register for which you wish to apply:			
<input type="checkbox"/> CEng <input type="checkbox"/> IEng <input type="checkbox"/> EngTech			
<input type="checkbox"/> Transfer of Existing Registration Existing Registration No: Click or tap here to enter text.			
PART 1 – PERSONAL DETAILS (please print)			
Title		First Name	
Surname		DoB	
Other Names		Post Nominals/ letters that appear after name	
First Line of Address		County/State	
Post Code		Country	
Main Telephone No		Email	
		Skype	
IEXPE Membership No			
Name of Employer			
Company Address			
Telephone No		Email	
Skype			
MEMBERSHIP OF OTHER PROFESSIONAL INSTITUTIONS AND SOCIETIES			
Membership of			
Date of Membership			
Grade & Member No			

PART 2 – EDUCATION & QUALIFICATIONS			
Secondary Education – NB: If you have NOT proceeded to Higher Education, please complete only this section.			
School		Dates	
Subjects Passed		Level of Examination	
HIGHER EDUCATION			
Name of University/College			
Dates			
Degree or type of Qualification			
Class Obtained			
Principal Subject(s)	Subsidiary Subject(s)	Project(s)	
ADDITIONAL QUALIFICATIONS OR DISTINCTIONS			
College/Institute/Society	Dates	Qualification / Distinction	Subjects
NB: Evidence such as a degree certificate photocopy, official pass list or a statement certified as true by the University/College Registrar, or the candidate's Proposer should accompany this form.			
Publications: Please list any publications that you have written below. Copies of papers, reports in the public domain and patent specifications should be sent where a full library reference is not available			
Title & Reference		Date Published	

PART 3 – INITIAL PROFESSIONAL DEVELOPMENT AND EXPERIENCE (Please list commencing with present date)				
Note for applicants transferring their registration ONLY: this must be the last 5 years relevant experience				
Item No	From MM/YY	To MM/YY	Name & address of employer, position held & nature of work	Responsibilities

PART 3 – (CONTINUED)	
Item No From previous page)	Description of duties & responsibilities, plus details of any structured training undertaken (including apprenticeships)

PART 4 – PRESENT EMPLOYMENT (Please include organisational chart)	
Employer	Address & Telephone
Date joined	Position held & Grade (if applicable)
Please specify your present duties and responsibilities e.g. by indicating to whom you are responsible and the number and type of persons for whose work you are responsible. An indication of your knowledge and its application to engineering would be helpful.	

PART 5 – REFERENCES (To be completed by the Proposer and Seconder)

The Proposer and Seconder must be familiar with your Technical work and normally should be a registrant with the Engineering Council. The Proposer and Seconder must be familiar with the Engineering Council competency requirements for registration and may be called upon to justify their judgment as to how well your experience meets those competencies.

Note: If the Proposer and/or Seconder have not known of the candidate's work going back 5 years then the candidate should identify 2 Referees who can vouch for work over the 5-year period. These are to be entered on the following page.

PROPOSER

Name		Address	
County/State		Country	
Post Code		Telephone	
Email		DoB	

In what capacity do you know the candidate and their work?

I have known the applicant personally for..... years. I believe that the information given on this form is true and accurate. I propose and recommend the applicant for Registration. I have read and understood the criteria in the Engineering Council UK Standard for Professional Engineering Competence (UK-SPEC) Visit www.engc.org.uk to download a copy.

Signature

Date

SECONDER

Name		Address	
County/State		Country	
Post Code		Telephone	
Email		DoB	

In what capacity do you know the candidate and their work?

I have known the applicant personally for..... years. I believe that the information given on this form is true and accurate. I propose and recommend the applicant for Registration. I have read and understood the criteria in the Engineering Council UK Standard for Professional Engineering Competence (UK-SPEC) Visit www.engc.org.uk to download a copy.

Signature

Date

(IEXPE reserves the right to enter into private correspondence with Proposer/Seconder and to request further information or evidence of claims)

PART 5 – (CONTINUED)

This section should ONLY be completed if additional references are necessary to cover 5 years' experience

ADDITIONAL REFERENCE 1

Name		Address	
County/State		Country	
Post Code		Telephone	
Email		DoB	

In what capacity do you know the candidate and their work?

I have known the applicant personally for..... years. I believe that the information given on this form is true and accurate. I propose and recommend the applicant for Registration. I have read and understood the criteria in the Engineering Council UK Standard for Professional Engineering Competence (UK-SPEC) Visit www.engc.org.uk to download a copy.

Signature
Date

ADDITIONAL REFERENCE 2

Name		Address	
County/State		Country	
Post Code		Telephone	
Email		DoB	

In what capacity do you know the candidate and their work?

I have known the applicant personally for..... years. I believe that the information given on this form is true and accurate. I propose and recommend the applicant for Registration. I have read and understood the criteria in the Engineering Council UK Standard for Professional Engineering Competence (UK-SPEC) Visit www.engc.org.uk to download a copy.

Signature
Date

(IEXPE reserves the right to enter into private correspondence with the additional referees and to request further information or evidence of claims)

PART 6 – NOTE FOR CEng CANDIDATES (Not Relevant for Transfers)

At the Professional Review Interview for CEng the panel will conduct your interview against the CEng criteria. Should they feel during the interview that you are not demonstrating sufficient knowledge and experience the chairman of the panel will pause the interview to offer you the choice of: -

Please indicate which option you wish to take in these circumstances, by ticking/highlighting the appropriate box

Continuing towards CEng <input type="checkbox"/>	Terminating the interview <input type="checkbox"/>	
Have you applied for CEng Registration before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date of previous application		
Institution		
If yes give reasons for rejection and summarise any advice given:		

PART 7 – STATEMENT OF COMPETENCES (Not Relevant for Transfers)

Please complete one of the "Statements of Competences" forms for the grade of registration (CEng, IEng, EngTech) that you are applying for and return with the rest of this form.

PART 8 – REGISTRATION FEES

IEXPE publish the fees associated with Professional Registration via their website at www.iexpe.org

If you have any questions about this please contact the Professional Registration Team at vickihall@iexpe.org

PART 9 – CANDIDATE DECLARATION

I hereby agree, if elected, to be bound by the Memorandum & Articles of Association & By-Laws of IEXPE insofar as they affect registration, either as they exist now or as they may be altered from time to time.

I declare that I will comply with CPD requirements as laid down by IEXPE. I declare that I have completed CPD during the last 12 months and will comply with CPD requirements as laid down by IEXPE and if requested will submit evidence of CPD activities.

I confirm I understand that the information contained in this form will be processed in accordance with the Data Protection Act and associated GDPR principles. I also understand that my data will be passed to Engineering Council for the purpose of registering me.

I declare that the statements I have made on this form are true to the best of my knowledge.

Signature	Date
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Please forward the completed form, along with the completed competence statement, photographic proof of identity and where applicable, copies of degree certificates to the IExpE by email: vickihall@iexpe.org, or by post Ground Floor, Unit 1, Greyfriars Business Park, Frank Foley Way, Stafford, ST16 2ST

www.iexpe.org

For additional information, email: vickihall@iexpe.org