

VOICE OF THE EXPLOSIVES INDUSTRIES

### **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 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	n of the Register for which you wish	to apply:		
□CEng □	IEng 🗆 EngTech			
PART 1 – PERSONAL I	DETAILS (please print)			
Title		First Name		
Surname		DoB		
Other Names		Post Nominals		
First Line of Address		County/State		
Post Code		Country		
Preferred Telephone Number		Email		
IExpE				
Membership No				
Employer Details				
Name of Employer				
Company Address				

Telephone No		Email	
MEMBERSHIP OF OTH	IER PROFESSIONAL INSTITUTIONS A	ND SOCIETIES	
Membership of			
Date of Membership			
Grade & Member No			

### PART 2 – EDUCATION, Further Learning and Qualifications

Education: You must give details of:

- All further or higher academic qualifications e.g., MEng, BEng, MSc, HNC
- Any formally assessed work-based learning.

Please provide a copy of your further or higher education certificate(s) with your application. These must be signed by your Proposer as a true copy of the original.

Start Date MM/YY	End Date MM/YY	Course / Qualification	Educat Establi	ional shment	Classificatio Grade	n /	FT/PT/SW/ Distance Learning
Additional Qua	alification or I	Distinctions					
College / Instit Society	ute / I	Dates Qualification / Distinction		/	Subjec	ts	
Publications: F	lease list any	reports, papers ar	id paten	ts published in	your name.		
Title & Referer	ice						Date

DAPT 2 - INITIAL	PROFESSIONAL DEVELOPMENT AND EXPERIENCE	
PART 5 - INITIAL	PROFESSIONAL DEVELOPIVIENT AND EXPERIENCE	

Please list commencing with present date.

ltem No	From MM/YY	To MM/YY	Name & address of employer, position held & nature of work	Description of duties & responsibilities, plus details of any structured training undertaken.

PART 4 – PRESENT EMPLOYMENT (Pleas	se include organisational chart)
Employer	
Address & Telephone	
Date joined	
Position held & Grade (if applicable)	
number and type of persons for whose wapplication to engineering would be help	esponsibilities e.g., by indicating to whom you are responsible and the vork you are responsible. An indication of your knowledge and its oful. It is recommended that you show an organisation chart of how your ed with professional registrations held by role-holders.

### 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.

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

### PROPOSER

Name		Address	
Post Code		Telephone	
Email		DoB	
Membership of Engineering Institution(s) (if applicable)		EC Registration type (if applicable) e.g., CEng, IEng	
Membership Number (if applicable)		EC Registration Number (if applicable)	
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 <u>www.engc.org.uk</u> to download a copy.

Signature	
Date	

Seconder				
Name		Address		
Post Code		Telephone		
Email		DoB		
Membership of Engineering Institution(s) (if applicable)		EC Registration type (if applicable) e.g., CEng, IEng		
Membership Number (if applicable)		EC Registration Number (if applicable)		
In what capacity do you kno	ow the candidate and their wo	rk?		
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 <u>www.engc.org.uk</u> to download a copy.				
Signature				
Date				

## PART 5 – (CONTINUED)

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

### **ADDITIONAL REFERENCE 1**

Address
Telephone
DoB
EC Registration type (if applicable) e.g., CEng, IEng
EC Registration Number (if applicable)

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 <u>www.engc.org.uk</u> to download a copy.

Signature	
Date	

ADDITIONAL REFERENCE 2				
Name		Address		
Post Code		Telephone		
Email		DoB		
Membership of Engineering Institution(s) (if applicable)		EC Registration type (if applicable) e.g., CEng, IEng		
Membership Number (if applicable)		EC Registration Number (if applicable)		
In what capacity do you kno	ow the candidate and their wo	rk?		
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 <u>www.engc.org.uk</u> to download a copy.				
Signature				
Date				

# PART 6 – STATEMENT OF COMPETENCES

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 7 – REGISTRATION FEES

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

If you have any questions, please contact the Professional Registration Team by email (vickihall@iexpe.org)

# PART 8 – 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 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
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Date
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Please submit this completed form, along with the completed competence statement, photographic proof of identity and where applicable, copies of degree certificates to IExpE by email: <u>vickihall@iexpe.org</u>, 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