

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.

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			
Please complete this section if you wish to apply for dual registration:			
EC Registration Type:		EC Registration No:	
Institution/Society via which registration current registration is held:			
PART 1 – PERSONAL 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 OTHER PROFESSIONAL INSTITUTIONS AND 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.

Start Date MM/YY	End Date MM/YY	Course / Qualification	Educational Establishment	Classification / Grade	FT/PT/SW/ Distance Learning

Additional Qualification or Distinctions

College / Institute / Society	Dates	Qualification / Distinction	Subjects

Publications: Please list any reports, papers and patents published in your name.

Title & Reference	Date

PART 3 – INITIAL PROFESSIONAL DEVELOPMENT AND EXPERIENCE

Please list commencing with present date.

Item 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 (Please include organisational chart)	
Employer	
Address & Telephone	
Date joined	
Position held & Grade (if applicable)	
<p>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. It is recommended that you show an organisation chart of how your role fits into your organisation, annotated with professional registrations held by role-holders.</p>	

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? (Please provide a written description)

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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	

Seconded			
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? (Please provide a written description)			
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			

PART 5 – (CONTINUED)

Additional References must be provided if the Proposer and Seconded are not in total known to the Applicant for a minimum of 5 years.

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

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? (Please provide a written description)

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	
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? (Please provide a written description)			
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			

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.

PART 7 – REGISTRATION FEES

IExpE publish the fees associated with Professional Registration via the IExpE website at www.iexpe.org
If you have any questions, please contact the Professional Registration Team by email (rizzasims@iexpe.org)

PART 8 – APPLICANTS 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

Date

Reasonable Adjustments

Please notify us of any reasonable adjustments to the assessment process that you wish to discuss in connection with your application by ticking this box.

PART 9 – APPLICATION CHECKLIST

Please ensure the following documents are submitted with the completed application form:

- Completed Competence Statement
- Copy of Degree Certificate
- Future Development Plan (minimum of 1 year)
- Photographic ID (e.g., passport or driving licence)

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

www.iexpe.org

For additional information, email: rizzasims@iexpe.org