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| **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:** | | | | | | |
| CEng IEng 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 | | |  | | | |

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| **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 | |
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| **Additional Qualification or Distinctions** | | | | | | | | | |
| College / Institute / Society | | Dates | | | Qualification / Distinction | | Subjects | | |
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| **Publications**: Please list any reports, papers and patents published in your name. | | | | | | | | | |
| Title & Reference | | | | | | | | | Date |
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| **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. |
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| **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. 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. | |
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| **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) | | | |
|  | | | |
| 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](http://www.engc.org.uk) to download a copy. | | | |
| Signature | |  | |
| Date | |  | |

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| **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 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](http://www.engc.org.uk) to download a copy. | | | |
| Signature | |  | |
| Date | |  | |

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| **PART 5 – (CONTINUED)** | | | |
| Additional References must be provided if the Proposer and Seconder 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) | | | |
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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](http://www.engc.org.uk) to download a copy. | | | |
| Signature | |  | |
| Date | |  | |

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| **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](http://www.engc.org.uk) to download a copy. | | | |
| Signature | |  | |
| Date | |  | |

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| **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. |

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| **PART 7 – REGISTRATION FEES** |
| IExpE publish the fees associated with Professional Registration via the IExpE website at [www.iexpe.org](http://www.iexpe.org)  If you have any questions, please contact the Professional Registration Team by email ([rizzasims@iexpe.org](mailto:rizzasims@iexpe.org)) |

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| **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**](mailto:rizzasims@iexpe.org)**, or by post to Ground Floor, Unit 1, Greyfriars Business Park, Frank Foley Way, Stafford, ST16 2ST.**  [**www.iexpe.org**](http://www.iexpe.org)  **For additional information, email:** [**rizzasims@iexpe.org**](mailto:rizzasims@iexpe.org) | |