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| **INSTITUTE OF EXPLOSIVES ENGINEERS**  **Transfer, Reinstatement or Additional Membership Application**  **PRIVATE AND CONFIDENTIAL WHEN COMPLETE**  **PLEASE USE BLACK INK AND WRITE CLEARLY IN BLOCK CAPITALS**  **ALL FIELDS ARE MANDATORY, PLEASE COMPLETE ALL FIELDS TO AVOID ANY DELAY IN PROCESSING YOUR APPLICATION** | | | | | | | |
| **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 |  | |  | | | | |
| **REGISTRATION DETAILS** | | | | | | | |
| **Please tick the section of the Register for which you are eligible** | | | | | | | |
| CEng | | IEng | | | EngTech | | |
| Engineering Council Registration No | |  | | | | | |
| Date of last payment of Engineering Council Fees  **If date of last payment of fees is greater than 3 years, a full application must be made as for new registrants** | |  | | | | | |
| **Please tick the type of application being made** | | | | | | | |
| Transfer | | Reinstatement | | | Additional Membership | | |
| **If applying for Additional Membership, please name your lead Institution:** | | | |  | | | |
| **MEMBERSHIP OF OTHER PROFESSIONAL INSTITUTIONS AND SOCIETIES** | | | | | | | |
| Institution | | | | | | Member No | |
|  | | | | | |  | |

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| **PART 2 – EDUCATION & QUALIFICATIONS RELATING TO SYSTEMS ENGINEERING** | | | |
| College/Institute/Society | Dates | Qualification | Subjects |
|  |  |  |  |
| Publications: Please list any publications that you have written below. | | | |
| Title & Reference | | Date Published | |
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| **PART 3 – PROFESSIONAL EXPERIENCE (last 5 years)**  Please start at most recent employment and work backwards.  In this section, please demonstrate technical attributes and maintenance of engineering competence (in line with UK-SPEC).  The applicant should **clearly signpost in their CV the evidence relevant to the A & B competencies.** | | | | |
| Item No | From  MM/YY | To  MM/YY | Name of employer & position held | Evidence of Systems Engineering Experience  (please signpost to highlight where A&B Competencies of UK-SPEC are met) |
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| **PART 4 – REFERENCES (To be completed by a Supporter)** | | | |
| **The Supporter must be familiar with your technical work and should ideally be currently registered with the Engineering Council.** | | | |
| **Supporter** | | | |
| 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 No. |  |
| 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 – APPLICANT 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 have not been dismissed from another Professional Institution.  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, or for the term that my registration has been lapsed, 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 the 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 6 – APPLICATION CHECKLIST** | |
| **Please include:**   * Photographic ID (e.g., passport or driving licence) * Evidence of CPD. This should be a minimum of 1 year, up to the number of years lapsed Registration (maximum of 3 years) | |
| **Please upload this completed form, photographic proof of identity and evidence of your CPD to the IExpE by email:** [**rizzasims@iexpe.org**](mailto:rizzasims@iexpe.org)**, or by post 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) | |