

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			
<input type="checkbox"/> CEng	<input type="checkbox"/> IEng	<input type="checkbox"/> 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			
<input type="checkbox"/> Transfer	<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Additional Membership	
If applying for Additional Membership, please name your lead Institution:			

MEMBERSHIP OF OTHER PROFESSIONAL INSTITUTIONS AND SOCIETIES	
Institution	Member No

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	

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)

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 to download a copy.

Signature

Date

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, or by post Ground Floor, Unit 1, Greyfriars Business Park, Frank Foley Way, Stafford, ST16 2ST.

www.iexpe.org

For additional information, email: rizzasims@iexpe.org