



CIWEM

The Chartered Institution of Water
and Environmental Management

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FORM OF APPLICATION FOR MEMBERSHIP OF THE INSTITUTION IN THE GRADE OF:

Fellow (Transfer)

PERSONAL DETAILS (delete as necessary)	SEX: Male/Female: _____
MR/MRS/MISS/MS/OTHER (please state): _____	NATIONALITY: _____
SURNAME: _____	D.O.B.: _____ AGE: _____
FORENAME(S): _____	EMPLOYERS NAME: _____
HOME ADDRESS: _____	ADDRESS: _____
_____ POSTCODE: _____	_____ POSTCODE: _____
TELEPHONE: _____	EMPLOYER CATEGORY (CONSULTANT, REGULATOR ETC.) _____
FACSIMILE: _____	TELEPHONE: _____
E-MAIL ADDRESS: _____	FACSIMILE: _____
	E-MAIL ADDRESS: _____

PLEASE INDICATE WHICH OF THE ABOVE ADDRESSES IS TO BE USED AS YOUR POSTAL ADDRESS HOME/EMPLOYER (DELETE ONE)
PLEASE ADVISE IN WRITING ANY FUTURE CHANGE OF ADDRESS

PLEASE NOTE: GUIDANCE FOR APPLICANTS IS ON REVERSE.

NOTE TO SPONSORS

1. Sponsors must be Fellows of CIWEM. There should be THREE Sponsors.
2. In signing this form you declare the person to be of good character and sound integrity and suitable for election.
3. Your initials on this form and supporting documentation confirm the authenticity of statements made.

SPONSORS

NAME (in block capitals)	SIGNATURE	QUALIFICATIONS	SPECIMEN INITIALS	CIWEM MEMBERSHIP NO.

FOR OFFICE USE ONLY

Date of Admittance as Corporate Member _____ MEMBERSHIP NO. _____

SECTION 1 - Details of further education completed since your election to Member

(Please enclose copies of certificates and a course breakdown i.e. modules studied)

COURSE TITLE	DATES		FULL OR PART TIME	NAME OF UNIVERSITY/COLLEGE	QUALIFICATION GAINED
	FROM	TO			

PROFESSIONAL QUALIFICATIONS INCLUDING CIWEM (all grades) eg ICE etc.

(Please enclose copies of certificates or alternatively a letter of confirmation of your membership of other bodies)

BODY	GRADE	DATE ACHIEVED

SECTION 2 - Details of relevant experience commencing with current duties and responsibilities, should be listed in reverse chronological order.

DATES FROM - TO	EMPLOYER NAME AND ADDRESS	JOB SPECIFICATION, JOB TITLE, LEVEL OF RESPONSIBILITY etc.	SPONSORS INITIALS

SECTION 2 - Details of relevant experience with duties and responsibilities (continued)

DATES FROM - TO	EMPLOYER	JOB SPECIFICATION, JOB TITLE, LEVEL OF RESPONSIBILITY etc	SPONSORS INITIALS

SECTION 3 - Please give details of your areas of special interest.

- | |
|----|
| 1. |
| 2. |
| 3. |
| 4. |

I understand that the information contained in this form will be processed in accordance with the data protection principles enshrined in the 1988 Data Protection Act.

APPLICANTS SIGNATURE _____ DATE _____

HAVE YOU -

Got 3 sponsors

Enclosed a CPD Record for the last 3 years giving full details and the number of hours

Enclosed a confirmation of professional qualifications gained since becoming a Member

Enclosed copies of relevant certificates gained since becoming a Member

Enclosed a Course breakdown if appropriate (*modules studied*)

NOTES ON COMPLETION

1. The minimum age requirement for transfer to the grade of Fellow of the Institution is 35 years of age.
2. No fee should accompany this form.
3. Photocopies of all relevant qualifications **SIGNED** by your Sponsors must accompany this application. Only qualifications gained since your election to Member should be included. Foreign qualifications **MUST** include full details of the course, in English.
4. DETAILS OF EMPLOYMENT, COMMENCING WITH CURRENT DUTIES AND RESPONSIBILITIES SHOULD BE LISTED IN REVERSE CHRONOLOGICAL ORDER. Experience relevant to your application should be given in detail, otherwise only a brief resumé should be provided.
5. Extra information may be supplied on a separate sheet where indicated or when necessary and must be signed by your Sponsors.
6. Applicants should give their name as they would like it to appear on the membership Certificate.
7. PLEASE ENSURE THAT EVERY SECTION IS COMPLETED LEGIBLY IN BLACK INK AND THAT YOU HAVE SIGNED AND DATED THIS FORM.
8. Before sealing the envelope use the check box above to ensure all the information required is enclosed.

MISSING ITEMS WILL LEAD TO DELAY