



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:

Member

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: _____	EMPLOYER CATEGORY (CONSULTANT, REGULATOR ETC.) _____
TELEPHONE: _____	TELEPHONE: _____
FACSIMILE: _____	FACSIMILE: _____
E-MAIL ADDRESS: _____	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 Corporate Members of CIWEM or, exceptionally, chartered members of equivalent bodies.
2. If you are not a member of CIWEM please confirm your status in writing on official headed paper.
3. There should be TWO Sponsors.
4. In signing this form you declare the person to be of good character and sound integrity and suitable for election.
5. Your initials on this form and supporting documentation confirm the authenticity of statements made.

SPONSORS

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

WHERE NEITHER SPONSOR IS FAMILIAR WITH YOUR WORK PLEASE OBTAIN YOUR SUPERVISOR(S) SIGNATURE(S)

NAME (in block capitals)	SIGNATURE	QUALIFICATIONS	SPECIMEN INITIALS

FOR OFFICE USE ONLY

Membership No. _____

SECTION 1 - Details of further education *(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.*

BODY	GRADE	DATE ACHIEVED

SECTION 2 - Training

Evidence of Structured Training in progress or completed should include dates, the name of the body it is approved by and mentor details. Experience Reviews should also be documented including dates and locations of the review. Training Courses and periods of study undertaken that do not appear in Section 1 should be BRIEFLY detailed on a separate sheet and initialled.

SECTION 3 - Details of relevant experience commencing with current duties and responsibilities, should be listed in reverse chronological order (Please also include any experience gained whilst studying for MSc or PhD)

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

SECTION 3 - Details of relevant experience with duties and responsibilities (continued)

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

SECTION 4 - 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 1998 Data Protection Act.

APPLICANTS SIGNATURE _____ DATE _____

HAVE YOU -

- | | | | |
|---|--------------------------|---|--------------------------|
| Got 2 sponsors | <input type="checkbox"/> | Enclosed copies of relevant certificates | <input type="checkbox"/> |
| Enclosed the application fee (<i>where applicable</i>) | <input type="checkbox"/> | Course breakdown (<i>modules studied</i>) | <input type="checkbox"/> |
| Copy of Birth Certificate, Driving Licence or other official proof of age | <input type="checkbox"/> | Mandatory Competences | <input type="checkbox"/> |

HOW DID YOU HEAR ABOUT CIWEM?

- | | | | |
|-------------------------------------|--------------------------|---------------------------------|--------------------------|
| PUBLICATIONS
(JOURNAL/WEM/BOOKS) | <input type="checkbox"/> | WEBSITE | <input type="checkbox"/> |
| TECHNICAL GROUPS | <input type="checkbox"/> | COLLEAGUES | <input type="checkbox"/> |
| CONFERENCES | <input type="checkbox"/> | OTHER (<i>please specify</i>) | |
| MEDIA | <input type="checkbox"/> | | |

NOTES ON COMPLETION

1. The application fee should be sent with this form unless the application is a transfer from another Grade.
2. A4 Black and White photocopies of all relevant qualifications **SIGNED** by your Sponsors or Supervisors must accompany this application. Foreign qualifications MUST include full details of the course, in English.
3. A COURSE BREAKDOWN/PROFILE SHOULD BE INCLUDED WITH THIS APPLICATION.
4. DETAILS OF EMPLOYMENT, INCLUDING A JOB DESCRIPTION FOR YOUR PRESENT POST, 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 or Supervisors.
6. PLEASE ENSURE THAT EVERY SECTION IS COMPLETED LEGIBLY IN BLACK OR BLUE INK AND THAT YOU HAVE SIGNED AND DATED THIS FORM.
7. If you are unable to gain sponsors who are Members of CIWEM, Members of equivalent Chartered Bodies may be accepted, provided they are individually Chartered. Please confirm their status in writing on official headed paper.
8. Before sealing the envelope PLEASE use the check list above to ensure that you have enclosed all the necessary information.
9. Receipts available upon request.

MISSING ITEMS WILL LEAD TO DELAY