This form should be submitted by the candidate as soon as they embark upon a Training and Development scheme. Please submit the completed form via email to membership-apps@cibse.org

CIBSE TRAINING & DEVELOPMENT SCHEME TRAINEE REGISTRATION FORM



REGISTRATION DETAILS				
Please indicate your target:				
Member CEng		Member II	Eng	
Associate lEng		Licentiate	EngTech	
Please indicate whether:				
New to membership				
Be sure to submit a Graduate or Affiliate application form along with your registration form.				
Pending Application				
Membership Number			Grade	
Currently in membership				
Membership Number			Grade	
Start Date	Envisaged End Date			

ACADEMIC QUALIFICATION

PERSONAL DETAILS				
Title	First Name(s)			
Surname				
Date of Birth DD / MM / YY				
Job title				
Company name				
Work address				
Post code				
Country				
Telephone No				
Email				

Please list all your post school qualifications below and indicate any exemptions granted and details of any interruptions to your course. If you are currently studying please include course details and envisaged completion date. Full title of qualifications Date course **Mode of Study University or** Course Date Year of entry (F/T, P/T, sandwich, etc.) gained including qualification College commenced duration to course (i.e entered in year 1 or 2, 3 due to exemptions) subject area obtained

MENTOR'S DECLARATION I confirm that to the best of my knowledge, all the information contained in this application and supporting documents is correct. I confirm that the above applicant is currently registered on the Company Training and Development Scheme. I confirm that I am registered with the Engineering Council at EngTech/IEng/CEng (delete as appropriate) Level. Name Job title Email Location Signature Date DD / MM / YY **Mentor's Institution Membership** Name of Institution Membership number EngC registration number

TRAINEE'S DECLARATION	
I confirm that all the information p to the best of my knowledge.	rovided on this form is accurate
Signature	Date DD / MM / YY
SUBMIT YOUR APPLICATION	
Please send a copy of your comple membership-apps@cibse.org	ted application form to
CIBSE HQ USE ONLY:	