

**APPLICATION FOR MEMBERSHIP**

**OFFICIAL USE ONLY**

Membership No ...............

Branch ..............................

Date Sent .........................

Date Received .................

Please indicate whether

|  |  |  |  |
| --- | --- | --- | --- |
|  | New (not previously a member of IHEEM) |  |  |
|  |  |  |  |
|  | Already an IHEEM Member: Membership Number .................... Grade ........... |  |  |
|  |  |  |  |
|  | Seeking an Upgrade |  |  |
|  |  |  |  |
|  | A member of any other Professional Bodies? If so, please state which. |  |  |
|  |  |  |  |
|  | ................................................................................................................ Proof attached Yes/No (delete as appropriate) | | |
|  |  |  |  |
|  | Already registered with the Engineering Council? If so, please provide your registration grade, number | | |
|  | and state the Institution through which you are registered. | | |
|  |  | | |
|  | ................................................................................................................ Proof attached Yes/No (delete as appropriate) | | |
|  |  |  |  |
|  | If not already registered with the Engineering Council are you interested in becoming registered? | | |
|  |  |  |  |
|  | Applying for Authorising Engineer registration. If so, which discipline? ........................................................................ | | |
|  | Please also complete the appropriate discipline specific appendix |  |  |

Please complete the following using **BLOCK** letters

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | **PERSONAL DETAILS** | | | | | | | | | | |
| Surname .................................................. | | | Forenames .................................................... | | | | | | | Title ...................................... | |
| Date of Birth ............................................ | | | Age on date of application ............................ | | | | | | | Nationality ........................... | |
| (tick box for preferred correspondence address) | | | | |  |  | |  | | | |
| Home Address | | | |  | Business Address | |  | | | |  |
| ................................................................................... | | | | | Job Title/Department ...................................................................... | | | | | | |
| ................................................................................... | | | | | Company Name ............................................................................... | | | | | | |
| ................................................................................... | | | | | ......................................................................................................... | | | | | | |
| Post Code .................................................................. | | | | | Post Code ........................................................................................ | | | | | | |
| Tel .................................... | | Fax .............................. | | | Tel ............................................. | | | | Fax ........................................... | | |
| Email ......................................................................... | | | | | Email ............................................................................................... | | | | | | |

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| **2.** | **EDUCATIONAL QUALIFICATIONS**  (Please list all your post school qualifications. Awards must be accompanied by a photocopy of the original countersigned by your Sponsor as having seen the original.) | | | | | |
| University or College | | Full title of qualifications gained including subject area | Date course commenced | Course duration | F/T or P/T | Year qualification obtained |
|  | |  |  |  |  |  |

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| --- | --- | --- |
| **3.** | **WORK EXPERIENCE** (Please give details of current position and principal duties. Failure to complete this section will result in your application being returned. This may result in the delay of your election to membership.) | |
|  | **Applicants wishing to upgrade their membership or registration status:** Please give details of your work experience **since election** to membership. | |
| **Current Title or Position ............................................................................** | | **Date Appointed ...............................** |
|  | | |

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| --- | --- |
| **4.** | **CURRICULUM VITAE** |
|  | Please include an up to date CV clearly detailing your responsibilities. |
| **5.** | **ORGANISATIONAL CHART** |
|  | Please append a chart indicating your position in the organisation. |
| **6.** | **ENGINEERING COUNCIL REGISTRATION** |
|  | **Applicants wishing to register with the Engineering Council as a Professional Engineer** should first apply for membership by completing this application form and submitting it to the Membership Manager along with a full CV, organisation chart and copies of any academic or Professional certificates. The Membership Committee will then determine what grade of registration you should apply for and which **UK SPEC** pathway is most suitable. |

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| **7.** | **SPONSORS** | | |
| All applicants must provide **two** sponsors. If unable to offer existing IHEEM members as a Proposer and a Seconder, proposal form may be signed by two other professionally qualified persons holding responsible positions.  Sponsors must have known you for a minimum of two years.  **Proposer’s Declaration**  I confirm that I have known the applicant for at least two years and, to the best of my knowledge, all the information contained in this application and supporting documents is correct. I confirm that I have seen the original qualification certificates referred to in this application and have initialled photocopies of them. | |
| Signed ......................................................................... | Print Name .......................................................................... |
| Address ....................................................................... | Job Title ............................................................................... |
| ..................................................................................... | Telephone ........................................................................... |
| ..................................................................................... | Email .................................................................................... |
| Postcode ..................................................................... | Date ..................................................................................... |
| **Institutional Membership:** |  |
| Name of Institution .................................................... | Known applicant ................. years |
| ***IHEEM*** Membership Number (if applicable) .......................................... | |
| **Seconder’s Declaration** | |
| I confirm that I have known the applicant for at least two years and, to the best of my knowledge, all the information contained in this application and supporting documents is correct. I confirm that I have seen the original qualification certificates referred to in this application and have initialled photocopies of them. | |
| Signed ........................................................................ | Print Name .......................................................................... |
| Address ...................................................................... | Job Title ............................................................................... |
| ..................................................................................... | Telephone ............................................................................ |
| ..................................................................................... | Email .................................................................................... |
| Postcode .................................................................... | Date ..................................................................................... |
| **Institutional Membership:** |  |
| Name of Institution .................................................... | Known applicant ................. years |
| ***IHEEM*** Membership number (if applicable) ........................................... | |
| **NB. *Sponsors may be contacted by IHEEM for confirmation of their support of the applicant. Should sponsors wish to provide additional information to the Institution they can do so by corresponding with the Membership Manager at IHEEM.*** | | | | |

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| **8.** | **APPLICANT’S DECLARATION** | | | | | | | | | | | |
| **I (**name in **BLOCK** letters**)............................................................. certify the statement of particulars to be correct.**  I agree that in the event of election to any class of membership in the Institute of Healthcare Engineering and Estate Management I will be governed by the Articles of Association of the Institute and the Code of Conduct then in force and as they may be altered thereafter. If I should wish to terminate my membership of the Institute I will notify the Chief Executive in writing and having paid any subscription, and arrears, due at that time, shall thence be free of obligation.  I understand that *IHEEM* (and companies processing data on its behalf) will hold and use the above data for administration purposes, to keep me informed of its activities and to offer me goods provided by the Institution. If I live outside the UK, I understand that the data may be transferred to my local centre.  (For Engineering Council Registrants) I understand that the Engineering Council and its associated trading companies (and companies or organisations processing data on its behalf) will hold and use the above data for administration purposes, to keep me informed of its activities and to offer me goods provided by the Engineering Council through its trading company.  (For AE Registrants) I agree that in the event of registration as a Registered Authorising Engineer I will be governed by the regulations for Registration then in force and as they may be altered thereafter. If I should wish to terminate my registration I will notify the Registrar in writing and having paid any registration fee, and arrears, due at that time, shall thence be free of obligation. | | | | | | | | | | | |
| **SIGNATURE ...............................................................................** | | | | | | | | | | **DATE .....................................................** | |
| **NB. *In the event of it coming to light that information supplied on this form is inaccurate, IHEEM reserve the right to withdraw membership of the Institution.*** | | | | | | | | | | | |
| **It would help us to know who recommended IHEEM to you or how you heard about the Institute.**  ...................................................................................................................................................................................... | | | | | | | | | | | |
| **Please let us know why you have applied to join IHEEM.**  ...................................................................................................................................................................................... | | | | | | | | | | | |
| **If you have a discount code/voucher code please insert here.** | | | | | | | | | | | |
| **OFFICIAL USE ONLY** | | | | | | | | | | | | |
| **Awarded Membership Grade** | | | | | | | | | | | | |
| FELLOW | | |  | | CRAFTS PERSON | | |  | |  | **CHAIRMAN’S FINAL SIGNATURE** | |
| MEMBER | | |  | | GRADUATE | | |  | |  | Signature .................................................. | |
| TECHNICIAN | | |  | | APPRENTICE | | |  | |  | Date .......................................................... | |
| ASSOCIATE MEMBER | | |  | |  | | |  | |  |  | |
|  | | | | | | | | | | | | |
| **Granted AE Registration** | | | | | | | | | | | | |
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| **Please return to:** | | Membership Manager  2 Abingdon House  Cumberland Business Centre  Portsmouth  Hampshire  PO5 1DS | | | | | | |  | | Company Registered No. 895080  Registered Charity No. 257133  Telephone: 023 9282 3186  Fax: 023 9281 5927  Email: [membership@iheem.org.uk](mailto:membership@iheem.org.uk)  Web: [www.iheem.org.uk](http://www.iheem.org.uk) | |