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 IEng			
Associate lEng		Licentiate EngTech			
Please indicate whether:					
New to member	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	hip 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** TRAINEE'S DECLARATION I confirm that to the best of my knowledge, all the information I confirm that all the information provided on this form is accurate contained in this application and supporting documents is correct. to the best of my knowledge. I confirm that the above applicant is currently registered on the Signature Date Company Training and Development Scheme. DD / MM / YY I confirm that I am registered with the Engineering Council at EngTech/IEng/CEng (delete as appropriate) Level. **SUBMIT YOUR APPLICATION** Name Please send a copy of your completed application form to Job title membership@CIBSE.ORG Email Location Signature Date DD / MM / YY **Mentor's Institution Membership** Name of Institution Membership number EngC registration number