

Application form

Use this form to apply for a place on the Chartered Practitioner Conversion Route. Before you begin this process you should be confident that you meet the requirements.

Further information can be found in the guidance documents. These should be read before beginning your application.

Section 1: Personal and membership details

Title: Mr Mrs Ms Miss Other:

*First and surname:

*Address:

*Postcode:

Contact details: Work phone: Home phone:

*Mobile phone: *Email:

CIEH membership number:

Current membership level:

Section 2: EHRB Certificate of Registration information

Date completed EHRB CoR:

Please provide your name as listed on the EHRB CoR:

Section 3: Statement of employer support

Please provide a statement of support from your sponsoring employer.

The programme is intended to engage employer support and to empower the employer to act as an advocate for practitioner practice.

Mentor employer

Name:

Signature:

Email:

Mentor employer line manager

Name:

Signature:

Email:

Section 4: Evidence validation

Please provide a scanned copy of your EHRB Certificate of Registration.

Section 5: Programme costs and payment instructions

Payment to accompany your application includes:

- Induction/registration
- On-programme administration fee
- Assessments
- Ratification and certification of Chartered Status

Once we receive your application form, one of our Contact Centre Team will contact you to take payment. Payment needs to be made via credit/debit card. If you wish to make payment with an alternative method please contact the Contact Centre to discuss options.

Section 6: General Data Protection Regulations (GDPR) declaration

In order to process your application, it is necessary for you to consent to CIEH holding your data in paper and electronic form for the period of the programme. Once you have completed your final assessment your data will be destroyed, with the exception of your name and registration details which will be publicly viewable on our online register.

Please tick here to confirm your consent to this:

Section 7: Evidence declaration

Declaration by applicant: I certify that the above information is correct and that all activities cited were undertaken by me. I confirm that I have read the Chartered Practitioner Conversion Route guidance documents and understand the requirements regarding the application and maintenance of Chartered Practitioner status.

I hereby certify that the information above is true and accurate.

Signed:

Date:

* Fields marked with an asterisk are mandatory fields. If they are not completed when you submit to CIEH, we will return the form to you to complete the missing fields.

For office use only:

Applications should be emailed as an attachment to: education@cieh.org

LEA171.1221

Find out more
www.cieh.org/charteredstatus

Get in touch
+44 (0)20 7827 5800
info@cieh.org



cieh.org