**The Chartered Practitioner route**

**Application Form**

**Use this form to apply for a place on the Chartered Practitioner route.** Before you begin this process you should be confident that you meet the requirements and that you have at least three years post qualification experience in an Environmental Health setting.

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

# Section 1: **Personal and membership details**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title:** | Mr | |  | | Mrs |  | Ms |  | | Miss |  | | Other: | Click or tap here to enter text. | |
| **First and surname:** | | | | Click or tap here to enter text. | | | | | | | | | | | |
| **Address:** | | Click or tap here to enter text. | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | |
| **Postcode:** | | Click or tap here to enter text. | | | | | | | | | | | | | |
| **Contact details:** | | Work phone: | | | | Click or tap here to enter text. | | | | | | Mobile phone: | | | Click or tap here to enter text. |
| Email: | | | | Click or tap here to enter text. | | | | | | | | | |
| **CIEH membership number:** | | | | | | Click or tap here to enter text. | | | | | | | | | |
| **Current membership level:** | | | | | | Click or tap here to enter text. | | | | | | | | | |
| You must be a full member at Member or Fellow grade to apply for this route. | | | | | | | | | | | | | | | |
| **Do you require any reasonable adjustments to be able to access this assessment?** | | | | | | | | | Yes / No | | | | | | |
| **If yes, please provide details. The team may contact you for more information and / or supporting evidence.** | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | |

# Section 2: **EHRB Certification of Registration Information**

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| **Date completed EHRB COR:** | Click or tap here to enter text. |
| **Please provide your name as listed on the EHRB COR:** | Click or tap here to enter text. |

# Section 3: **Statement of employer support**

Please provide a statement of support from your sponsor to accompany this application.

**Sponsoring employer details:**

|  |  |
| --- | --- |
| **Name:** | Click or tap here to enter text. |
| **Signature:** |  |
| **Email:** | Click or tap here to enter text. |

# Section 4: **Evidence submissions**

You must provide the following evidence submissions to support your application:

* A case study of 3,500-5000 words
* Reflection on the case study of at least 1000 words
* A supporting statement of between 250 and 500 words on suitability by a sponsor
* CPD records

**Declaration by applicant:** I will send CIEH the required evidence submissions when I receive the upload link from CIEH.

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| Please tick here to confirm your agreement to this: |

# Section 5: **Programme costs and payment instructions**

Payment to accompany your application is £169 which includes:

* On-programme administration fee
* Assessments
* Professional Discussion
* Ratification and certification of Chartered status

Once we receive your application form, one of our admin 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 admin team to discuss options.

# Section 6: **General Data Protection Regulation (GDPR) declaration**

In order to process your application, it is necessary for you to consent to CIEH to hold your data in paper and electronic form for the period of the programme (two years). Once Chartered Status is claimed your personal data will be destroyed under this application.

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| 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 route guidance documents and understand the requirements regarding the application and maintenance of Chartered Practitioner status. I have complied with the CIEH’s Continuing Professional Development (CPD) requirements for the three years immediately preceding my application.

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

|  |  |
| --- | --- |
| **Signed:** |  |
| **Date:** | Click or tap to enter a date. |

For office use only:

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