

**STAGE ONE APPLICATION FOR INCORPORATED ENGINEER
REGISTRATION VIA THE TECHNICAL REPORT ROUTE**

1. PERSONAL DETAILS

Title _____

First Name(s) _____

Surname _____

Date of Birth (DD/MM/YY) _____ IOR Membership Number _____ IOR Membership Grade _____

(tick box for preferred contact address)

Private Address

Business Address

Post Code _____

Post Code _____

Telephone _____

Telephone _____

Fax _____

Fax _____

Email _____

Email _____

Mobile _____

Mobile _____

Please submit 3 hard copies in total PLUS a CD Rom version of this form and all supporting documentation.

IOR/CIBSE seek to provide the best possible support to candidates. From time to time, we use applicants' material to illustrate best practice.

If you do not wish your application to be used for this purpose, please tick here

Thank you for helping us help others!

NB: Your name and contact/payment details will not be divulged.

IOR/CIBSE use only

2. EDUCATIONAL QUALIFICATIONS

Please list all your post school qualifications and indicate any exemptions granted and details of any interruptions to your course. Awards shown must be accompanied by a photocopy of the original certificate 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	Date qualification obtained	Mode of Study (F/T, P/T, sandwich, etc.) *

***Mode of Study:**

Full-time (F/T) includes courses which incorporate a year out work experience placement. Part-time (P/T) includes distance learning.

3. WORK EXPERIENCE

Please give details of your work experience, in chronological order, indicating your role and scope of responsibility (i.e. an up-to-date CV)

4. ENGINEERING PRACTICE REPORT

Please append a completed Engineering Practice Report of approximately 4,000 words. Your report should include a brief introduction and should clearly refer to all the Competence Criteria for Incorporated Engineer Registration on the **Competence Fact Sheet**. Advice on how to put together your report is in the **Application Guidance for IEng**.

5. ORGANISATIONAL CHART

Please append, on a separate page, a chart indicating your position in the organisation.

6. DEVELOPMENT ACTION PLAN

All those wishing to join the Incorporated Engineer register are required to show commitment to maintaining their professional capabilities and knowledge. The Development Action Plan will be approximately one page and list short (1-3 yrs), medium (3-5 yrs) and long (5+ yrs) term goals and your intended actions to attain those goals.

7. APPLICANT'S DECLARATION

I confirm that the information contained in this application and supporting documents is correct.

Signed _____ Date _____

NB. In the event of it coming to light that information supplied on this form is inaccurate, IOR reserves the right to withdraw your application and record a breach of conduct under its Code of Professional Conduct.

8. SPONSOR

You must provide **one** Sponsor, who is either a Fellow or Member of IOR, or a registered IEng member with any Engineering Council Nominated Institution. The Sponsor should have known you for a minimum of one year.

SPONSOR'S DECLARATION

I confirm that I have known the applicant for a minimum of one year. To the best of my knowledge, all the information contained in this application and supporting documentation is correct. I confirm that I have seen any original qualification certificates referred to in the application and have initialled photocopies of them. I confirm my support for this application at the registration level applied for.

Signed _____ Print Name _____ Date _____

Address _____ Telephone _____

_____ Mobile _____

_____ Email _____

_____ Post Code _____

IOR membership no (if applicable) _____ EC Registration no (if applicable) _____

Known applicant _____ year(s)

NB: Sponsors may be contacted by CIBSE for confirmation of their support of the applicant.

9 FEES

Please send the application fee of £70 plus £60 interview fee (total £130) with this application. Please make cheques payable to IOR **or by credit card below**

* Payment attached / please debit my: MasterCard Visa Visa Delta Switch

With **£130** Cardholder's Name: _____

Card Number:

Card Expiry Date: / Card Start Date: /

Security Code: Issue No (if applicable):
(Last 3 digits on the reverse of the card)

Cardholder's signature: _____

Cardholder's address, including full postal code (if different from preferred contact address on page 1)

* Delete where appropriate.

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Checklist:

- Applicant's IOR membership checked
- Applicant's declaration signed
- Sponsor's declaration signed
- Hard copies plus CD Rom supplied
- Qualifications checked EC Qualification Code (if any)
- Work Experience checked
- Engineering Practice Report Checked
- Organisational Chart checked
- Development Action Plan checked

Interview assessment date: _____

Application forwarded to CIBSE on date: _____

CIBSE Registration Panel date: _____