**Application Form**

Stage 1: Preparation

***Current or previous CIEHF members:*** *Please check and if necessary update your contact details in your CIEHF account on* [*ergonomics.org.uk*](http://www.ergonomics.org.uk)*.*

***Non-CIEHF members:*** *Please create an account on our website* [*ergonomics.org.uk*](http://www.ergonomics.org.uk)*. You don’t have to join as a member prior to your application, but please enter your full contact details.*

*Your* ***user name*** *is the email address you use to log in to our website with.*

|  |  |
| --- | --- |
| Your full name |  |
| Your CIEHF user name (preferred email address) |  |
| Are you currently a member of the CIEHF? If so, what grade? |  |
| Have you completed a Learning Pathway? |  |

Qualifications

|  |  |  |  |
| --- | --- | --- | --- |
| Qualification | Subject | Year | University/Institute |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Current work

*Please provide details of your current work. Previous employment should be outlined in your accompanying CV.*

|  |
| --- |
| **Job title and employment status** |
|  |
| **Current employer** |
|  |
| **Work activities**  *Please indicate your main work activities and responsibilities and anything else you do as part of your job.* |
|  |

Stage 2: Assessment

Referees

*Please contact your referees and ask them to email their reports directly to* ***membership@ergonomics.org.uk***

|  |  |  |  |
| --- | --- | --- | --- |
| **Referee 1** | | | |
| Name |  | | |
| CIEHF Registered Member or Fellow? | Yes / No | If no, equivalent other affiliation |  |
| Employer |  | | |
| Email |  | | |
| **Referee 2** | | | |
| Name |  | | |
| CIEHF Registered Member or Fellow? | Yes / No | If no, equivalent other affiliation |  |
| Employer |  | | |
| Email |  | | |

Additional information

|  |
| --- |
| **Other activities**  *Please give details of other relevant activities such as Institute posts, volunteering, presentations, sector or working group membership.* |
|  |

Declaration

By signing this application I declare:

* I will comply with the regulations of the Institute.
* I will uphold and abide by the Institute’sCode of Professional Conduct.
* I will maintain and develop my professional competence.
* I will not bring the Institute, or profession of ergonomics and human factors, into disrepute.
* That the whole of the information contained in this application and supporting documentation is true, accurate and complete to the best of my knowledge and belief.

I confirm:

* I am not, and have never been, the subject of a finding of professional misconduct against me by any professional body.
* I have never been convicted of a criminal offence (other than minor motoring offences).

I undertake to pay the application fee and the Institute’s annual subscription fee. I understand that my acceptance as a member is conditional on the above.

*Please sign or add your digital signature with the date below*

**Signature**

**Date**

Final check

*Please complete this table to ensure you have included all the necessary documents.*

|  |  |
| --- | --- |
| *Documents to include in your application* | *Yes = included* |
| Professional Competency Checklist |  |
| Log book |  |
| Detailed CV |  |
| Supporting evidence such as reports or publications |  |
| Qualification certificates |  |

*Please send this application form and these documents via WeTransfer (*[*https://wetransfer.com*](https://wetransfer.com)*) to* ***membership@ergonomics.org.uk***