



Chartered
Institute of
Environmental
Health

Application for Voting membership

Please return to:

Membership Section, CIEH, 15 Hatfields, London, SE1 8DJ

tel: 020 7928 6006 fax: 020 7928 6953 e: membership@cieh.org

www.cieh.org

Personal Details

Title Forename(s)

Family name

Maiden name

Date of birth Female Male

Address

 Postal code
 Country

Tel. no.

Email

Work details (if applicable)

Organisation

Job title

Please indicate one of the following, I have:

<input type="checkbox"/>	An EHRB Certificate of Registration awarded after 1997		
<input type="checkbox"/>	I have attached a copy of the certificate to this application		
Certificate no.	<input type="text"/>	Date of certificate	<input type="text"/>

Or

<input type="checkbox"/>	EHRB Higher Certificate in Food Premises Inspection		
<input type="checkbox"/>	EHRB Higher Certificate in Food Control		
<input type="checkbox"/>	EHRB Diploma in Health and Safety at Work Enforcement		
<input type="checkbox"/>	EHRB Diploma in Environmental Protection		
<input type="checkbox"/>	EHRB Higher Certificate in Housing Practice		
<input type="checkbox"/>	EHRB Higher Certificate in Licensing Practice		
<input type="checkbox"/>	EHRB Higher Certificate in Animal Welfare Enforcement		
<input type="checkbox"/>	EHRB Higher Certificate in Integrated Pollution Prevention Control		
<input type="checkbox"/>	I have attached a copy of the certificate to this application		
Certificate no.	<input type="text"/>	Date of certificate	<input type="text"/>

Or

<input type="checkbox"/>	Passed the CIEH Assessment of Professional Competence ('APC')		
<input type="checkbox"/>	Passed Part 1 of CIEH Assessment of Professional Development ('APD')		
<input type="checkbox"/>	Passed the CIEH Graduate to Voting Assessment		
<input type="checkbox"/>	I have attached a copy of certificate to this application		
Certificate no.	<input type="text"/>	Date of certificate	<input type="text"/>

Or

<input type="checkbox"/>	Passed the CIEH Membership Assessment at the appropriate level		
<input type="checkbox"/>	I have attached a copy of certificate to this application		
Certificate no.	<input type="text"/>	Date of certificate	<input type="text"/>

Choosing a region

The CIEH covers the United Kingdom and operates locally at a regional level. Each member is allocated to one of the 12 regions shown below. Please indicate the region of your choice here.

<input type="checkbox"/>	Cymru-Wales	<input type="checkbox"/>	Northern Ireland
<input type="checkbox"/>	East Midlands	<input type="checkbox"/>	Scotland
<input type="checkbox"/>	East of England	<input type="checkbox"/>	South East
<input type="checkbox"/>	London & Overseas	<input type="checkbox"/>	South West
<input type="checkbox"/>	North East	<input type="checkbox"/>	West Midlands
<input type="checkbox"/>	North West	<input type="checkbox"/>	Yorkshire and Humber

Special Interest Groups

As well as belonging to a Region, members can elect to join a Special Interest Group (SIG).

A SIG is a collection of members whose areas of practice or interest are not normally serviced by the Region. SIGs operate nationally and internationally.

If you are employed by a port authority, you may also elect to join the Port Health SIG. If you are employed in the private sector, you may elect to join the Commercial and Independent SIG. Members interested in international issues can join the International SIG. The Academic and Research SIG is aimed at academics and practitioners who have an interest or involvement in education and research in environmental health.

Membership of one SIG is free of charge, there is a charge for each additional SIG. Please indicate which SIG you would like to join (if any).

<input type="checkbox"/>	Commercial and Independent
<input type="checkbox"/>	Port Health
<input type="checkbox"/>	International
<input type="checkbox"/>	Education & Research

If you have any queries about completing this application form please contact the Membership team on 020 7928 6006 or email: membership@cieh.org

Diversity monitoring

The CIEH is committed to the introduction of measures to combat both direct and indirect discrimination on grounds of race, colour, ethnic or national origin, gender, religion, disability, marital status or sexual orientation. Please complete the accompanying form.

Choose one section and circle as appropriate to indicate your cultural background.

White		
British	Gypsy or Irish Traveller	Irish

Mixed		
White and Black Caribbean	White and African	White and Asian
Any other mixed/multiple/ethnic background, please specify		

Asian or Asian British			
Bangladeshi	Chinese	Indian	Pakistani
Other Asian background, please specify			

Black or Black British	
African	Caribbean

Other ethnic group
Arab
Any other ethnic background, please specify
Don't know

Payment

Enclosed is a cheque for £ made payable to CIEH

Or

Debit/Credit card details



Card Verification

Value code (CVV)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>
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Valid from

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Expiry

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Issue no.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Debit my card for £

Have you previously been a member of the CIEH?

Yes

No

Declaration

I hereby undertake that if elected to any category of membership, I will observe and be bound by the Charter, Byelaws and Code of Professional Conduct of the Chartered Institute of Environmental Health.

I further declare that the information I have provided is accurate to the best of my knowledge and belief and I am happy for this information to be shared with the Environmental Health Registration Board (EHRB).

Signature

Date