

# Application to take the assessment of professional development



**Please ensure you read the candidate's guidance in full before applying. It is also recommended you attend an APD briefing before applying. Please complete all parts carefully to prevent any delays in your application being processed. Notes overleaf explain why certain information is requested.**

## Personal Details

Name in full:		Title: Mr/Mrs/Miss/Ms	
Previous names (e.g. maiden name):			
Address:			
Postcode:		Daytime Tel No:	
		Mobile No:	
Email:		Date of Birth:	
CIEH Membership No:		Certificate of Registration No. or Diploma No:	

### For all applicants

**Please delete whichever does not apply:-**

This is a PART 1/PART 2 application

I have/have not taken this PART previously

### For PART 1 applicants only

<b>I enclose: (please tick relevant boxes)</b>			
3 copies of my case study(ies) with a total wordage no greater than 9000 words. (please indicate in the next column how many case studies you are submitting)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	<b>The fee</b> (please check current fee levels which can be found on the CIEH website and cheques should be made payable to CIEH)	<input type="checkbox"/>

### For PART 2 applicants only

Please confirm you have passed PART 1, entering the date on your PART 1 certificate here:			
Please enter the interview date and venue for which you are applying here (dates and locations are published on the CIEH website)			
<b>I enclose: (please tick as appropriate)</b>			
3 copies of my portfolio and presentation	<input type="checkbox"/>	<b>The fee</b> (please check current fee levels which can be found on the CIEH website and cheques should be made payable to CIEH)	<input type="checkbox"/>

## Declaration

**I declare that the information on this form is true and that all work submitted as part of this Assessment is my own, unless otherwise clearly indicated.**

**Signature**

**Date**

### **Please send your completed application to:-**

Chartered Institute of Environmental Health  
Education Unit (APD application)  
Chadwick Court  
15 Hatfields  
LONDON  
SE1 8DJ

**Should you have any queries about completing this form, please contact the CIEH on 0207 827 928 6006 and ask for the Education Unit, or e-mail: [education@cieh.org](mailto:education@cieh.org)**

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## Notes

### 1. **Previous Names**

This information is required to ensure that assessors can declare an interest and decline to assess if they know the candidate particularly well. It applies particularly to name changes which an assessor might not be aware of.

### 2. **CIEH membership number, registration number etc.**

These assessments are only open to CIEH members and those holding Certificates of Registration. This information helps us to confirm and validate our database, and identify any inaccuracies.

### 3. **Contact details**

We may need to contact you quickly if, for example, some paperwork appears to be missing.

### 4. **Date of passing PART 1**

This will enable us to quickly confirm you have passed Part 1, on our database.

### 5. **I have/have not taken this part previously**

This ensures that, if you have previously been unsuccessful, we can arrange for assessors who are different from those on previous sessions, and the assessors would not be aware of previous attempts.

### 6. **Declaration**

The Declaration confirms that the work submitted is your own, and is a statement reinforcing the standards of professionalism expected.