

# Application to attend the CIEH professional interview 2010

Your invitation to attend will be sent to you via email at least one week prior to the interview date. Whilst every effort is made to accommodate applicants, there may be occasions when sessions are oversubscribed. Equally, if a session is significantly undersubscribed, CIEH reserves the right to cancel it - in which case, you will be allocated your second choice.

## Please Note:

- This form will not be accepted without the correct fee and a valid EHRB registration number.
- Late applications will be accepted up to 14 days after the deadline, upon payment of an additional Late Application Fee (see overleaf) Applications received later than this cannot be accepted under any circumstances.
- We will acknowledge receipt of your application and all correspondence, except for results, will be sent to you via email.
- To apply for the Professional Interview 2010, students must have completed their taught course and submitted their dissertation.
- For 'Deferment' and 'No Show' fees please see regulations 31-32 of the Examination Regulations 2008 and note that all deferments **must** be in writing/email.

Name: (as you wish it to appear on your Certificate of Registration)			
Address: (For correspondence)			
Email address:		Daytime Tel No.	
University attended:	Student Registration No: (Not your membership number)		
Are you a Member of the CIEH?	Yes / No	If yes, Membership No:	
Is this a resit? (Please tick box)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you studying the	1997 <input type="checkbox"/> or 2003 <input type="checkbox"/> curriculum

Office Use	Deadline for Applications	Interview Date	Venue	1 <sup>st</sup> choice	2 <sup>nd</sup> choice
888	15 December 09	<b>26-27 January 2010</b>	London	<input type="checkbox"/>	<input type="checkbox"/>
889	21 April 10	<b>02-03 June 2010</b>	London	<input type="checkbox"/>	<input type="checkbox"/>
890	27 April 10	<b>08-09 June 2010</b>	Ulster	<input type="checkbox"/>	<input type="checkbox"/>
891	04 May 10	<b>15-16 June 2010</b>	Manchester	<input type="checkbox"/>	<input type="checkbox"/>
892	11 May 10	<b>22-23 June 2010</b>	Bristol	<input type="checkbox"/>	<input type="checkbox"/>
893	08 June 10	<b>20-21 July 2010</b>	Leeds	<input type="checkbox"/>	<input type="checkbox"/>
894	24 August 10	<b>05-06 October 2010</b>	London	<input type="checkbox"/>	<input type="checkbox"/>
895	21 September 10	<b>02-04 November 2010</b>	Birmingham	<input type="checkbox"/>	<input type="checkbox"/>

## Special Needs

Please give details if you have any special needs or requirements (please note written medical evidence will need to be provided on application).

Have you completed your taught programme	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you submitted your dissertation	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If 'NO' in any of the above boxes, please give details (you should be aware that, depending on your answers, you may not be eligible to sit the Examination or Interview and your application will be returned to you).

## Declaration

I wish to apply to sit the Professional Examination as detailed and I agree to be bound by the regulations governing the Professional Examination and certify that the information in the boxes above are correct.

Signature:	Date:
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PROFESSIONAL INTERVIEW			
APPLICATIONS FEE		LATE APPLICATION FEE	
MEMBERS	NON MEMBERS	MEMBERS	NON MEMBERS
£85.00	£215.00	£170.00	£430.00

If you wish to apply to become a member of CIEH, which is free for students, please download the application form from our website: [://www.cieh.org/library/Members/Grades/memappform.pdf](http://www.cieh.org/library/Members/Grades/memappform.pdf)

If you are not already a member but wish to benefit from the lower member's fee, send your completed Membership Application form attached to this form.

You can pay by Cheque (payable to CIEH), Maestro, Solo, Visa or Mastercard

Paying Method, please tick:

Cheque       Credit/ debit card (please complete details below):  
 Maestro     Solo     Electron     Mastercard     Visa     Visa Debit

Card number:

Valid from date:    /         Expiry Date:    /

Issue number:        Card security number: (last 3 digits on signature strip)

I authorise you to debit the above card by £

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cardholder's name \_\_\_\_\_

Cardholder's billing address if different to above: \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Please return this form to:  
 Dee Jones, Education Unit, CIEH, Chadwick Court, 15 Hatfields, London SE1 8DJ  
 or Fax to 020 7928 6953