

Application to resit the CIEH professional Examination and risk audit under the 1997 curriculum

Your invitation to attend will be sent to you via email at least one week prior to the Examination 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.

Please Note:

- This form will not be accepted without the correct fee (see overleaf) and a valid EHRB registration number.
- Applications received after the deadline cannot be accepted under any circumstances.
- We will acknowledge receipt of your application via email and thereafter all correspondence will be sent to you via Royal mail.
- You will receive your case files 3 weeks prior to the examination.
- 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.	
Is this a resit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Student Registration No: (Not your membership number)	
Are you a Member of the CIEH?	Yes / No	If yes, Membership No:	

Are you completing:	PT Logbook <input type="checkbox"/>	or	ELP <input type="checkbox"/>	Is this a resit? (Please tick box)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, which papers are you re-sitting?					

Office Use	Venue	Written Exam 5 July 2010	Risk Audit 6 July 2010	
823	London	<input type="checkbox"/>	<input type="checkbox"/>	DEADLINE FOR APPLICATIONS 24 May 2010

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 2003 curriculum 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:	

	APPLICATIONS FEE	
	MEMBERS	NON MEMBERS
PROFESSIONAL EXAMINATION (ALL 5 PAPERS)	£80.00	£190.00
RESITS – PER PAPER	£25.00	£55.00
RISK AUDIT	£70.00	£165.00

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