



Change of details form

(For use by centres & trainers) Please complete in black ink and block capitals

Please provide confirmation in writing of any amendments to existing details

Please indicate details to be amended:

Trainer number:

Centre number:

Section 1 – Trainer

Please add the details you wish to amend:

Name/title:

Home address:

Postcode:

Telephone (home) no:

Telephone (work) no:

Mobile no:

Email:

Please ensure that you:

- complete all the applicable sections of this form
- personal name changes must be supported by proof of identity, eg. copy of marriage certificate
- sign and date this form and indicate your position within the organisation where applicable
- if you wish to extend registration please complete the appropriate registration form
- change of centre name must be supported by a letter on headed paper to demonstrate the association of interest and reason why the name has changed

Please return completed forms to:

Customer Services
Chartered Institute of
Environmental Health
Chadwick Court
15 Hatfields London
SE1 8DJ

Tel: 020 7827 5800 (Option 1)
Email: customerservices@cieh.org

Section 2 – Centre

Please add the details you wish to amend:

Name of organisation:

Main contact details

Name:	Job title:
Address:	
Postcode:	
Telephone no:	
Mobile no:	
Email:	
Web address:	

Invoice address and contact

(if different from main contact details)

Name:	Job title:
Address:	
Postcode:	
Telephone no:	
Mobile no:	
Email:	

Quality address and contact

(if different from main contact details)

Name:	Job title:
Address:	
Postcode:	
Telephone no:	
Mobile no:	
Email:	

I confirm that these amendments are correct:

Signed:	Date:
Position: <i>(if amending centre details)</i>	