

Centre registration

Please complete in black ink and block capitals.

Complete this form if you wish to register as a centre with the CIEH or are an existing CIEH registered centre and wish to add additional qualifications. Existing centre do not have to complete all sections – please follow the guidance provided.

1 Fast track

Tick this box if you want a five working day turnaround. Registration turnaround is normally 28 days upon receipt. Please refer to the Centre Registration Fees for applicable fee.

2 Qualifications

Please enter the title(s) of the CIEH qualification(s) you wish to register for.

3 Centre details

Tick this box if you have ever been suspended or had membership withdrawn, or had your centre registration declined or rejected by any other awarding body?

Existing CIEH centre number if applicable:

Centre name:

Existing centres: Unless any of your details have changed you can skip to part 8 Method of payment

Address:

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	Postcode:
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Country (if not the UK):

Direct tel no:

Mobile no:

Fax:

Email address:*

*Please note that email is the main method of communication, so an email address is a requirement.

Web site:

Email results notification

Tick this box if you wish to receive notification about results prior to receiving certificates.

4 Main centre contact

Please enter the details of the person responsible for the administration of the centre

Title:	First name:
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Surname:

Please tick the job functions below that best describes the duties of the main contact.

<input type="checkbox"/> Human resources	<input type="checkbox"/> Management
<input type="checkbox"/> Trainer	<input type="checkbox"/> Training centre administrator
<input type="checkbox"/> Other – please specify:	<input type="text"/>

5 Invoice address

Address for invoices/statements, if different from trading name address.

Address:

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	Postcode:
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Email address:

6 Quality assurance contact

Please enter the details of the person responsible for quality assurance and management for the assessment of units and qualifications.

Please tick if the **quality assurance contact** is the same as the **main centre contact** or add the information below.

Title:	First name:
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Surname:

CIEH CourseFinder

CIEH offers all its training centres the opportunity to appear on www.cieh-coursefinder.com – an online facility for candidates to find a centre. Tick this box if you wish to appear on the CourseFinder.

7 Account management (new centres only)

Please confirm how you would prefer to pay for goods:

- By credit card
 On account (please complete application for credit)

8 Payment details (please tick)

Cheque enclosed made payable to:
Chartered Institute of Environmental Health

£

Invoice centre
This option is only available to existing CIEH training centres, new CIEH centres must fill in the Credit application form.

CIEH PO no.

Debit/credit card details

Debit/credit card (Visa, Mastercard or Maestro)

Card number:

Issue: Expiry date: / Security code*:

The security code is the last three digits shown on the signature strip

Signature and details of cardholder:

Signature of cardholder:

Printed name:

Job title:

Tick the box below if the card address is the same as the trading name address otherwise please enter the registered card address below.

Registered card address.

Postcode:

Country (if not the UK):

9 Declaration

I understand that CIEH qualifications can only be delivered through my centre by a trainer, registered with the CIEH, for the relevant qualification.

I confirm that the information on this application form is correct

Signature:

Printed name:

Job title:

Date:

10 Company information

Please tick all that applies to you. This information will help us to better understand your business and how we can best support you..

Number of employees based at your site/office

I am a sole trader 2 – 10

11 – 25 26 – 50

50+ – please specify:

Number of full or part-time trainers employed within the organisation.
Please ignore if you selected sole trader above

1 6 – 10 2 – 5 11+

Company turnover

up to £10 million £10 million plus

Company business sector

<input type="checkbox"/> Armed Forces	<input type="checkbox"/> Hotels
<input type="checkbox"/> Breweries and Pubs	<input type="checkbox"/> Legal Services
<input type="checkbox"/> Care homes	<input type="checkbox"/> Leisure and Entertainment
<input type="checkbox"/> Catering	<input type="checkbox"/> Local Authorities
<input type="checkbox"/> Charities and other Not for Profit	<input type="checkbox"/> Logistics
<input type="checkbox"/> Colleges	<input type="checkbox"/> Non Food Manufacturing
<input type="checkbox"/> Construction	<input type="checkbox"/> Non Food Retail
<input type="checkbox"/> Facilities Management	<input type="checkbox"/> Prisons
<input type="checkbox"/> Financial Services	<input type="checkbox"/> Recruitment
<input type="checkbox"/> Food Manufacturing	<input type="checkbox"/> Restaurants
<input type="checkbox"/> Food Retail	<input type="checkbox"/> Schools
<input type="checkbox"/> Hospitals and NHS Trusts	<input type="checkbox"/> Training Companies

Before sending this form please make sure that you have:

- Read and understood the registration guidance and requirements.
- Checked and made the relevant payment (your application may be delayed as a result of incorrect payment).
- Completed all relevant sections of this form.
- Completed an application for credit if required.
- Signed and dated the declaration.

Please note we charge for all registration applications whether successful or not.

We recommend that you staple any attachments (such as cheques) to the application form to avoid them coming apart.

Return the completed form to:

Customer Services (registrations)
Chartered Institute of Environmental Health
Chadwick Court, 15 Hatfields, London SE1 8DJ

Fax: +44 (0) 20 7803 0643

Email: registrations@cieh.org

Contact the Customer Services team for queries regarding your registration:

Email: customerservices@cieh.org

Telephone: +44 (0) 20 7827 5800 (option 1) **or visit:** www.cieh.org