

Trainer registration

Please complete in black ink and block capitals.

Complete this form if you wish to register as a trainer with the CIEH or are an existing CIEH registered trainer and wish to add additional qualifications. Existing trainers 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 Trainer Registration Fees for applicable fee.

2 Qualifications

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

3 Languages

If you deliver CIEH qualifications in a language other than English, please list below:

4 Your details

CIEH trainer no if applicable:

Title: First name:

Surname:

Existing CIEH trainers: Unless any of your details have changed you can skip to part 5 **Subject knowledge.**

Date of birth:

Address:

Postcode:

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.**

If you are a member of CIEH, please enter your membership number below.

CIEH membership no:

Please tick if you are interested in becoming a member of the CIEH.

Please tick the statement that best describes your employment.

I work freelance with multiple employers

I work for a single employer

CIEH centre number if applicable:


Employer name:

7 Experience and skills

Detail previous and current employment and associated skills relevant to the qualifications you are applying for.

Job title:	
from:	to:
Employers name:	
Address	
Main responsibilities:	

Job title:	
from:	to:
Employers name:	
Address	
Main responsibilities:	

 **Existing CIEH trainers:** You can ignore this section if you are already registered for a qualification within the same qualification group (e.g. registered for Level 2 Food Safety and registering for Level 3 Food Safety).

Job title:	
from:	to:
Employers name:	
Address	
Main responsibilities:	

Job title:	
from:	to:
Employers name:	
Address	
Main responsibilities:	

8 Method of payment (please tick)

Cheque enclosed made payable to:
Chartered Institute of Environmental Health
£

Invoice existing CIEH centre
Centre number:
Centre name:
CIEH PO no.

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 (if different from applicant):

Signature of cardholder:
Printed name:
Job title:

Registered card address.

Tick if the card address is the same as the address and or add the information below.

Postcode:
Country (if not the UK):

9 Declaration

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

I confirm that the information on this application form is correct

Signature:

Printed name:

Date:

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.
- 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