**A blue and black logo

Description automatically generated**A close up of a sign

Description automatically generated

**APPLICATION FOR REGISTRATION AS A CHARTERED ENVIRONMENTALIST**

**CENV IN A DAY WORKSHOP ROUTE**

This form acts as a registration for both workshop and, providing you meet the criteria, subsequently as registration for Chartered Environmentalist (CEnv).

Carefully read the CPD, Code of Ethics, Data Protection Agreement and Confidentiality Agreement on the next page and sign and date. Please return this form with the workshop fee. Places will be allocated on a first-come first-served basis. The fee covers the workshop, assessment and interview fees, and your CEnv subscription to the end of the calendar year.

**Payment Terms:** Payment must be received at least 5 weeks before the workshop to confirm your space, or one month after the booking forms are received, whichever falls early. If you book a workshop within those 5 weeks, you are required to pay upon booking to confirm your space. If these payment terms are not met, the IES reserves the right to reallocate your place on the workshop to another candidate.

**WORKSHOP DATE YOU WANT TO ATTEND:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal Information** | | | |
| First Names: |  | Surname: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Professional Membership** | | | |
| IES Membership Category: | Fellow   Member | Existing Charterships with IES or another organisation: |  |

**PAYMENT (Select one)**

I have called +44 (0)20 3862 7484 and paid by credit/debit card

I would like to pay by bank transfer to: INST OF ENVRNMNTL SCIENCES, 65225655, 08-92-99 (international bank details available on request)

I would like an invoice sent to this email address:       and a Purchase Order number if required*:*

**DIETARY REQUIREMENTS (for physical workshops only)**

No special requirements  Vegetarian  Vegan  Other (please specify)

**DISABILITY REQUIREMENTS**

If you consider yourself to have a disability that may affect your ability to complete your report or interview in the timescales and format available, or to access the IES office (physical workshops only), please contact [info@the-ies.org](mailto:info@the-ies.org).

**HOW DID YOU HEAR ABOUT CENV IN A DAY?**

IES Website  ESMonthly  LinkedIn  Twitter  Word of Mouth  Other (please specify)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FOR OFFICE USE ONLY** | | | | |
| Form completed correctly | | Paid workshop fee | | |
| Completed competencies report  Enclosed a long form cross-referenced CV | | Witness statements signed | | |
| Report assessment forms approved | | PRI assessment forms approved | | |
| Confirmed by: |  | | Date: |  |

**CPD, CODE OF ETHICS, DATA PROTECTION AGREEMENT & CONFIDENTIALITY STATEMENT**

**DATA PROTECTION:** In order to administer your CEnv and deliver you our services, it is essential for us to process your personal data and store it in an electronic format. We have outlined how this information may be used and why in our Privacy Statement. It is our policy to retain your details for 3 years after your membership has expired, but you are welcome to request its removal at any time. Please note, it is also necessary for your personal data, including your name, date of birth, gender, email address and employer, to be passed on to the registration body, SocEnv, to establish and maintain your CEnv designation. For more information about how SocEnv use your personal information, please read their Privacy Statement.

I confirm that I have read both Privacy Statements and am happy for both the IES and SocEnv to process my personal data in order to maintain my CEnv registration.

**PUBLIC REGISTER:** SocEnv maintains a [public register](https://socenv.org.uk/page/TempDirectory) of CEnvs. To appear on this register, tick below.

I confirm that I would like to appear on the CEnv public register (optional)

**COMMUNICATIONS FROM SOCENV:** If you would like to receive newsletters, event details and general opportunities from SocEnv via email, tick below.

I confirm that I would like to receive email communications from SocEnv (optional)

**CONFIDENTIALITY STATEMENT:** All information you hear about participants in the workshop will be considered Confidential Information, unless the subject of that information clearly states otherwise. This information may be personal or business and includes their presence at the workshop. By signing this form, you confirm that you have read the terms of this Confidentiality Statement and agree to abide by its terms.

**CANCELLATION, REFUND AND TRANSFER POLICY:** Due to the high demand for these workshops, no refunds will be permitted if cancellation occurs within 4 weeks of the workshop date. This includes transferring your space to an alternative workshop; in this event, you will be charged for an additional workshop space. Cancellations prior to this date will be entitled to a full refund or transferred to an alternative workshop date.

|  |
| --- |
| **Applicant’s Undertakings** |
| I agree to **annually revalidate** my award against the IES and SocEnv CPD standards to retain the designation. This will involve submitting CPD annually through the IES online system. Failure to do this will result in losing my CEnv status.  I wish to **apply for registration** as a Chartered Environmentalist and declare that the information I have given in this application is, to the best of my knowledge, accurate and true.  I agreed to **abide by the Code of Conduct for The Society of the Environment** and accept that any breaches of the will be dealt with under disciplinary procedures. The Code states that as a Chartered Environmentalist I will:   1. Act in accordance with the best principles for the mitigation of environmental harm and the enhancement of environmental quality; 2. Strive to ensure that the uses of natural resources are fair and sustainable, taking account of the needs of a diverse society; 3. Use my skills and experience to serve the needs of the environment and society; 4. Serve as an example to others for responsible environmental behaviour; 5. Not engage in conduct involving dishonesty, fraud, deceit or misrepresentation or discrimination; and 6. Commit to maintaining my personal professional competence and strive to maintain the integrity and competence of my profession.     Signature of Applicant Date: DD/MM/YYY |
| Please email in an electronically completed or send a scanned copy to [info@the-ies.org](mailto:info@the-ies.org) |