



CIOB

The Chartered
Institute of Building

Application for Chartered Membership

**Personal Information Form Professional Review:
All Chartered Membership Pathways**

How to complete this form

It is important that you use the most up to date version of Adobe programme available.

(Please use the Adobe programme instead of Adobe online. Using an online version may cause errors on the form)

This form requires signatures for declarations and verifiers.

How to fill, sign, and send your PDF form:

This form requires your signature for the Declaration on page 4 and a verifiers signature on page 7.

You can either print, sign and scan or use digital signatures.

Digital Signatures

You can use the 'Fill and Sign' function on the PDF. However, after using this function you cannot make any changes, so do this last. Verifiers must sign by hand or use a digital signature. It is not possible for the verifier to use the Fill & Sign function.

Introduction

Personal Information Form

This form does not form part of the assessment and is not passed on to the assessors.

You may be contacted by CIOB in connection with the applicant's declaration if further information is required to progress your application.

Please fill out the form below and provide one photograph (recent, head and shoulders).

Name:

Membership Number:

Email:

Date of Birth (dd/mm/yyyy):

UPLOAD PASSPORT PHOTOGRAPH

To upload your passport photo you will need to upload your photo as a PDF file. You can convert images to PDFs using this free software:

<https://smallpdf.com/jpg-to-pdf>

UPLOAD

Checklist: Please ensure the following are submitted as part of your application. These are not forwarded to an assessor and do not form part of the assessment process.

Organisation chart

CPD records if needed (please refer to the Guidance Notes)

Photo

Submissions made through a PR Provider

If you are submitting your application through a PR Support Provider, please tick the box

I agree this document and the additional information is to be used by a third party training provider (named below) for the purpose of applying for Chartered Membership of the CIOB

Privacy Statement

More information on how we manage your data can be found in our Privacy Notices – www.ciob.org/privacy

Applicant's Declaration:

1 Royal Charter & Bye-Laws

I understand that I will be considered for the corporate class of membership and if admitted undertake to observe The Royal Charter and Bye Laws, the Rules and Regulations of Professional Competence and Conduct and any other Regulations for the time being in force.

I declare that I have read The Chartered Institute of Building (CIOB) Royal Charter and Bye Laws and The Rules and Regulations of Professional Competence and Conduct.

<https://www.ciob.org/about/who-we-are>

2 Criminal convictions

Do you have any unspent convictions that would fall within the relevant criminal convictions defined within Regulation 13 of the CIOB Disciplinary Regulations?

YES NO

If yes, please inform the Institute Secretary at governance@ciob.org.uk

3 Insolvency/Bankrupt

Are you an undischarged bankrupt or within the last three years been subject to any insolvency proceeding or other arrangements with creditors in respect of your debts (such as an Insolvency Voluntary Agreement)?

YES NO

If yes, please inform the Institute Secretary at governance@ciob.org.uk.

4 Information on this application

On signing this declaration, I declare:

- That the information provided in this application form is true and accurate
- That the application form has been completed by myself
- That the photograph provided is a true likeness of myself

If at any time the CIOB discovers that you have failed to disclose any of the above or that you have provided false information, the CIOB reserves the right to investigate the matter under the CIOB Disciplinary Regulations.

Signature of applicant

Date (dd/mm/yyyy):

Should you have any queries regarding this Applicant Declaration please contact Customer Service on +44 (0) 1344 630 700

Support

There is a range of support available to you that is highlighted in the Guidance Notes. To help us understand how many people are accessing the support and which support is most effective, please select which support option you used, if any.

CIOB Mentoring via the Pushfar platform

Attended a CIOB workshop

Mentoring from a colleague

None of the above

Submitted the application through a provider

Other

Current Employment Details

Company Name:

Job Title:

Company Address:

Date from:

Date to:

Employment Status

Permanent Employee

Self-Employed

Temporary Employee

Currently unemployed

Your Certificate

If successful, please indicate your preferred title for your certificate.
This does not affect the designation MCIOB.

Chartered Builder

Chartered Construction Manager

Your membership card is available as a physical card or a digital version.
You can only have one membership card.

Please state your preference.

Digital

Physical

Your Employer or Professional Body Verifier

This section should be signed by either your line manager or another person in a more senior position than yourself. Please note this will be checked against the organisation chart you have submitted. Or a Chartered Member of CIOB or another Professional Body can sign. Please refer to the guidance notes for more details.

I confirm that the photograph on this application is a true likeness of the applicant

I confirm that I have read the PR report, and the examples provided in all the sections are a true and accurate description of the competencies and work carried out by the applicant.

I confirm that the applicant has shown a commitment to advancing their own learning and Continuing Professional Development

In what capacity do you know the applicant?

Your Job Title:

How many years have you known the applicant?

Email:

Your signature:

I am a Chartered member of (if applicable) :

Name:

Membership number:

(please note we may contact you at any time in relation to this application)

Your Employer or Professional Body Member Verifier

A Second verifier is only required if the first verifier is unable to verify all sections of the report.

This section should be signed by either your line manager or another person in a more senior position than yourself. Please note this will be checked against the organisation chart you have submitted. Or a Chartered Member of CIOB or another Professional Body can sign. Please refer to the guidance notes for more details.

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Name:

Membership number:



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Thanks for applying