***NOTES FOR COMPLETING THE APPLICATION FORM***

1. Please ensure that every section is completed legibly in black ink or typed out.

2. A4 black and white photocopies of all relevant qualifications signed by your Proposer and Referee(s) and your application fee must accompany this application.

3. Please refer to MG2 guidance document available on the NI website for assistance with completing this form.

4. If an existing Member applying for Registration with the Engineering or Science Council only, please omit section 7.

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| 1. ***MEMBERSHIP GRADE APPLIED FOR***
 |
| Fellow □  | Member □ | Associate Member □ | Technician Member □ |
| ***ENGINEERING AND/OR SCIENCE COUNCIL REGISTRATION*** |
| The Institute strongly encourages those engineers and scientists practising within the UK, who are suitably qualified, to seek recognition at the appropriate level with the Engineering and/or Science Council. Please indicate whether you wish to be considered for registration with the Engineering and/or Science Council**. You will need to complete the relevant Competence and Commitment Form, please download from our website or request from** membership@nuclearinst.com or 0203 475 4701 |
| Chartered Engineer (CEng) □  | Incorporated Engineer (IEng) □  | Engineering Technician (EngTech) □ | Chartered Scientist(CSci) □  |

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| 1. **PERSONAL DETAILS**
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| MR/MRS/MISS/MS/OTHER (please state): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **SURNAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **EMPLOYERS DETAILS:** |
| **FORENAME**(S): | **EMPLOYER NAME:** |
| **HOME** **ADDRESS**:  | **CONTACT** **NAME**: |
|  | **EMPLOYER’S ADDRESS:** |
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|  **POSTCODE**:  | **EMPLOYER POSTCODE:** |
| **TELEPHONE**: | **TELEPHONE:**  |
| **E-MAIL ADDRESS:**  | **E-MAIL ADDRESS:**  |
| DEMOGRAPHIC INFORMATION (FOR OFFICE USE ONLY)  |  |
| ETHNICITY: |  DATE OF BIRTH: |
| NATIONALITY:  |  GENDER: Male/Female (please delete as necessary) |
| PASSPORT/NI/NHS NUMBER (please delete as necessary): |
| PLEASE INDICATE WHICH OF THE ABOVE ADDRESSES IS TO BE USED AS YOUR MAILING ADDRESS **HOME/EMPLOYER** (please delete as necessary). **PLEASE ADVISE US IN WRITING EITHER BY POST OR EMAIL OF ANY FUTURE CHANGE OF DETAILS.**  |

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| 1. ***YOUR PROFESSIONAL QUALIFICATIONS, INCLUDING NUCLEAR INSTITUTE IF APPLICABLE***

(Please enclose copies of certificates or, alternatively, a letter of confirmation of your membership from other bodies. Please include Engineering or Science Council membership if already obtained) |
| Professional Body | Grade/Class and registration number if applicable | Date Achieved |
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| 1. ***DATES OF FURTHER EDUCATION***

(Please enclose copies of certificates and a course breakdown if available (i.e. modules studied) |
| Course Title | Dates | Full or Part Time | Name of Institution | Qualification Achieved |
| From | To |
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| 1. ***TRAINING***

 Evidence of Initial Professional Development (IPD) or Continuing Professional Development (CPD) plus any additional training courses or periods of study not included in the section above. Please continue on a separate sheet if necessary. Please note that you will be required to maintain records of your CPD to maintain your membership.  |
| **Organisation** | **Course** | **Dates (From/To)** |
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| 1. ***EMPLOYMENT***

Details of experience, beginning with current duties and responsibilities, should be listed in reverse chronological order (including any experience gained whilst studying for MSc/PhD). Please include an **organisation chart** for your current position. This experience should not exceed the past ten years. Please also submit a **full curriculum vitae (CV).**  |
| Employer’s Name and Address (if not current Employer) | Job Specification, Title, Level of Responsibility etc | Dates (From/To) | Proposer Referee Initials |
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| ***NOTES FOR COMPLETING THE NUCLEAR DELTA™***You will need to demonstrate that you satisfy the *Nuclear Delta™* requirements which will form a key part of the professional review. The requirements are available in the link below. For more information, please see the Application Guidance. <http://www.nuclearinst.com/write/MediaUploads/Membership%20Docs/Nuclear_Delta_definition.pdf>  |

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| 1. ***NUCLEAR DELTA™***

Please complete the following sections to demonstrate knowledge of the requirements of the Nuclear Delta™. |
| 1.Understands the principles of a strong Safety Culture. |  |
| 2. Demonstrates a commitment to Personal Behavioural Safety.  |  |
| 3 Understands the principles of Nuclear Safety. |  |
| 4 Demonstrate an understanding of Nuclear *S*ecurity |  |

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| 1. **PROPOSER**
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| Name: |  |
| Address: |  |
| Email: |  |
| Occupation /Position: |  |
| Professional Qualification |  | Registration Number: |  |
| Member of Professional Institute Or Body  |  |  Length of Time Known: |  |
| Signature: |  |

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| 1. REFEREES
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| Name:  | **REFEREE 1** | **REFEREE 2 (Direct Entry Fellows Only)** |
|  |  |
| Address: |  |  |
| Email: |  |  |
| Occupation /Position: |  |  |
|  | Professional Qualification | Registration Number: | Professional Qualification | Registration Number: |
|  |  |  |  |
| Length of Time Known |  |  |
| Signature: |  |  |

**NOTE ABOUT YOUR PROPOSERS & REFEREES REQUIREMENTS**

**For all applications,** Proposer and Referee(s) should have known the Applicant for at least three years. These should be Professional Members of the Nuclear Institute or another professional body, and should be at or above the Membership and Registration grade applied for. *For example: If the Applicant is applying for Member and Chartered Scientist, the Proposer and Referee must be a full Member of a professional body and registered as a Chartered Scientist.*

In signing this form the Applicant’s Proposer and Referee(s) declare they consider the Applicant suitable for election to membership at the appropriate grade.

**Fellow Applications Only:** For Direct Entry - One Proposer and Two Referees are required. For Existing NI Membership Transfer: One Proposer and One Referee are required. All will be contacted directly and required to submit a short reference form.

**Applications for Member, Associate or Technician Member** requires One Proposer and One Referee.

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| 1. **UNDERTAKING.** I, the undersigned applicant, do hereby accept that in the event of my election I shall be governed by the Articles of the Nuclear Institute, including the NI, Engineering Council and/or Science Council codes of conduct. I agree to maintain records of my Continuing Professional Development and submit these on request by the Nuclear Institute within 3 months of this request. I accept as final and binding the decisions of the Board of Trustees and will promote the objects of the Institute as far as may be in my power. I accept responsibility for the accuracy of the statements herein. On resignation, of which 6 months’ notice shall be given, I promise to pay all dues, cease describing myself as a member and return my membership certificate. I understand that the information contained in this form will be processed in accordance with the data protection principles in the 1998 Data Protection Act.

 **[ ]** Tick this box to opt out of online Registers **[ ]**  Tick this box to opt out of all publicity of successful membership and/or registration |
| APPLICANT’S SIGNATURE: | DATE: |

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| **Please submit a hard and soft copy of your application and supporting documents. Before sending the information, please use the check list below to ensure that you have enclosed all the information requested and that you have completed, signed and dated the form. Please send an electronic version of your application to** **membership@nuclearinst.com** |
| Correct number of Proposer & Referee(s) including signatures | **[ ]**  | Full curriculum (CV) | **[ ]**  |
| Copies of relevant certificates | **[ ]**  | Completed Competence & Commitment form if applying for CEng, CSci, IEng or EngTech | **[ ]**  |
| Organisation chart for current position | **[ ]**  | Application fee  | **[ ]**  |

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| **APPLICATION FEE PAYMENT** Please tick below as relevant to indicate payment of the application fee. There is a further interview fee following successful application review. Payment is required before application or interview is processed. For current application pricing, please see <http://www.nuclearinst.com/Fees-Payment>  |
| **I have made a bank transfer in respect of this fee.** Please use a clear reference eg ‘A.Smith application’ and enter date payment made:............................................... |  |
| **I enclose a cheque** made payable to ‘The Nuclear Institute’ |  |
| **I wish to pay my application by credit or debit card** - Visa /MasterCard/ Other please specify.................................Delete as appropriate and enter details below |  |
| **If successful, I wish to pay my annual Membership subscription via Direct Debit** Please complete the form overleaf to take advantage of discounted membership |  |

*For Office Use Only – to be destroyed once completed*

Visa /MasterCard/ Other please specify.................................

(Delete as appropriate and enter details below)

Card Number: Start Date Expiry Date

Issue Number (Switch Only) Security Code (last 3 digits on back of card)

Name and address on Card if different from above \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| ni_full_colour.jpg |  | Instruction to yourBank or Building Societyto pay by Direct Debit |
| **Please fill in the whole form including official use box using a ball point pen and send it to:** |  | **Service User Number (SUN)** |
| The Nuclear InstituteCK International House1-6 Yarmouth PlaceLondonWIJ 7BU |  | **2** | **5** | **0** | **0** | **2** | **3** |  |  |  |
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|  | FOR OFFICIAL USE ONLYThis is not part of the instruction to your Bank or Building Society.**Important** – Please complete these details:

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|  **Account Holder(s) Name & Address:** |
|  **Name:** |
|  **Address:** |
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| **Postcode:** |
|  **Email Address:** |

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| **Name(s) of Account Holder(s)** |  |
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| **Bank/Building Society account number** |  |
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| **Branch Sort Code** |  | **Instruction to your Bank or Building Society**Please pay The Nuclear Institute Payments Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with The Nuclear Institute and, if so, details will be passed electronically to my Bank/Building Society. |
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| **Name and full postal address of your Bank or Building Society** |  |
| To: The Manager | Bank/Building Society |  |
|  |  |
| Address |  | Signature(s) |
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|  | Postcode |  | Date |
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| **Reference Number (Membership number)** |  |  |
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| Banks and Building Societies may not accept Direct Debit Instructions from some types of account |

**This guarantee should be detached and retained by the Payer**

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| DdlogolThe Direct Debit Guarantee |
| * This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme.The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
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| * If the amounts to be paid or the payment dates change The Nuclear Institute will notify you 5 working days in advance of your account being debited or as otherwise agreed.
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| * DdlogolIf an error is made by The Nuclear Institute or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
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| * You can cancel a Direct Debit at any time by writing to your Bank or Building Society.Please also send a copy of your letter to us.
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