

Recognition of Environmental Health qualifications obtained overseas

Application for registration as an Environmental Health Practitioner (Permanent EU/EEA)

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS OR ELECTRONICALLY (PREFERABLE)

1.	Personal details										
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">First name:</td> <td style="width: 50%; border: none;">Last name:</td> </tr> <tr> <td style="border: none;">Title: Mr/Mrs/Miss/Ms</td> <td style="border: none;">Date of birth:</td> </tr> <tr> <td colspan="2" style="border: none;">Nationality:</td> </tr> <tr> <td colspan="2" style="border: none;">Passport number or Identity card number:</td> </tr> <tr> <td colspan="2" style="border: none;">(Please provide a copy of your passport or Identity card)</td> </tr> </table>	First name:	Last name:	Title: Mr/Mrs/Miss/Ms	Date of birth:	Nationality:		Passport number or Identity card number:		(Please provide a copy of your passport or Identity card)	
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2.	Contact details in your Home Member State										
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4.	Legal Establishment in your Home Member State										
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5.	Regulated Profession										
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	<p>Name and address of organisation:</p> <p>Start date: _____ End date: _____</p> <p>Evidence of professional experience provided: Yes/No (Please provide a reference from the organisation where experience was obtained outlining your role)</p> <p>Details of duties and responsibilities provided: Yes/No (Please attach full description)</p>
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11.	<p>Other academic awards and qualifications obtained</p> <hr/> <p>(Please provide details of University/ Institution attended, title of qualification, date started and date completed. Attach copies of certificates awarded and the qualification syllabus)</p>
12.	<p>Details of current employment</p> <hr/> <p>Name of address of employer:</p> <p>Contact name: _____ Position: _____</p> <p>Telephone number: _____ Email address: _____</p>
13.	<p>Current employment duties and responsibilities</p>

14.	<p>Details of professional membership</p> <p>(Please provide details of membership grade and dates of membership)</p>
15.	<p>Declaration</p> <p>I declare that the information that I have provided is accurate to the best of my knowledge.</p> <p>Applicant's signature:</p> <p>Date:</p> <p>Fee enclosed/credit/debit card form completed Yes/No</p>

Recognition of Environmental Health qualifications obtained overseas Application for registration as an Environmental Health Practitioner (EU/EEA) notes

Fee

THE FEE FOR THIS APPLICATION IS NON REFUNDABLE, THEREFORE YOU ARE STRONGLY ADVISED TO READ THE GUIDANCE NOTES AND INFORMATION PROVIDED ON THE EHRB WEBPAGE: WWW.EHRB.CO.UK BEFORE APPLYING.

The fee for the application and Stage 1 assessment is £450.

Please make cheques payable to CIEH and ensure that your name and address are on the back of the cheque. Alternatively you can pay by credit card and the appropriate form is also enclosed. We do not issue invoices for fees, however we will send you a receipt for your fee when we process your application.

PLEASE NOTE YOUR APPLICATION WILL NOT BE PROCESSED UNTIL THE STAGE 1 FEE HAS BEEN PAID.

If you are awarded a full or restricted Certificate of Registration you will be required to pay a further fee. Additionally if you are awarded a restricted Certificate of Registration and wish to pursue compensatory measures to enable you to obtain the full Certificate of Registration there will be further fees to pay. Details of the fees can be found in the Guidance Notes for persons holding an EU qualification in environmental health.

Continuation sheet

Please use a separate continuation sheet for each section if necessary.

Evidence/proof of qualifications, training and membership

Please ensure that you provide evidence where requested; if evidence is not available clearly state this. The evidence is essential to the CIEH when assessing your application and comparing your qualifications and training to that required of a UK EHP.

You can pay by Cheque (payable to CIEH), Maestro, Solo, Visa or Mastercard

Paying Method, please tick:

Cheque Credit/ debit card (please complete details below):

Maestro Solo Electron Mastercard Visa Visa Debit

Card number:

Valid from date: / Expiry Date: /

Issue number: Card security number: (last 3 digits on signature strip)

I authorise you to debit the above card by £ .

Signature: _____ Date: _____

Cardholder's name _____

Cardholder's billing address if different to above: _____

Postcode

Please return this form to: Administration Team, Education Unit, CIEH, Chadwick Court, 15 Hatfields, London SE1 8DJ.