

LR1 Late Registration Form

Environmental Health Registration Board

First Name		Surname		Title Dr/Mr/Mrs/Miss/Ms	
Middle Name			Previous Name		
Address:					
				Post code:	
Contact Tel No.		Email:		Date of Birth:	
Membership Number:					
University					
University Attended:					
Address:					
Start date:			Graduation Date:		
Mode of Study (please tick) (*1)					
Full-time degree with integrated practical training <input type="checkbox"/>			Part-time degree with integrated practical training <input type="checkbox"/>		
Full-time degree with end-on practical training <input type="checkbox"/>			Part-time degree with end-on practical training <input type="checkbox"/>		
Practical Training (*2)					
Name & address of organisation where practical training took place:					
Name of Training Officer:					
Dates of practical training:			From:	To:	
Meat Inspection (*3)					
Name & address of organisation where meat inspection took place:					
Date of training:			How many hours of meet inspection did you complete?		
Statement					
I confirm that to the best of my knowledge the details above are all true and correct.					
Signature			Date		

- *1. Enclose a copy of your Degree Certificate.
- *2. Enclose a letter from your training organisation confirming this and that you completed the required training period including practical meat inspection.
- *3. Copy of your MI50/200 certificate

For Office Use	Registration Fee	Notes:
	£ _____	_____
	Received on: _____	_____

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Payment Information

The current fee for Late Registration is £210.00.

You can pay by cheque (payable to EHRB) or, alternatively, if you wish to pay by credit/debit card (Maestro, Solo, Visa or Mastercard only), please give a day time number and our Admin Officer will contact you via telephone to take payment.

Day Time Telephone No. _____

Please return this form to:

Membership & Education Department, CIEH, Chadwick Court, 15 Hatfields, London SE1 8DJ
or email to education@cieh.org