

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 £222.00.

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