

# Environmental Health Registration Board

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

## Late Registration Form LR1

1. <b>First Name:</b>	<b>Last Name:</b>	<b>Title: Mr/Mrs/Miss/Ms</b>
2. <b>Address:</b>		
<b>Post code:</b>	<b>Daytime tel. no:</b>	
3. <b>Date of Birth:</b>		
4. <b>University Attended:</b>	<b>Title of Award:*1</b>	
5. <b>Mode of Study</b> (please tick):		
Full-time degree including one year's practical training	<input type="checkbox"/>	
Full-time degree with end-on practical training	<input type="checkbox"/>	
Part-time degree with integrated practical training	<input type="checkbox"/>	
Part-time degree with end-on practical training	<input type="checkbox"/>	
6. <b>Date You Started Your Course:</b>	<b>Graduation Date:</b>	
7. <b>Name and address of main organisation where you did your practical training:*2</b>		
<b>Tel:</b>	<b>Name of Training Officer:</b>	
8. <b>EHO'S Signature:</b> _____	<b>Date:</b> _____	
9. <b>Membership Certificate Number:</b> *3 _____		

\*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 Enclose a copy of Membership Certificate

<b>For Office Use</b>	<b>Registration Fee</b> £ _____	<b>Notes:</b> _____
	<b>Received on:</b> _____	_____
		_____

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

