Please insert a passport sized photo-graph here.

MUTUAL RECOGNITION APPLICATION FORM

Which mutual recognition agreement are you applying for?

**Engineers Ireland**

**Engineering New Zealand**

**PERSONAL INFORMATION** *(Type or print in BLOCK CAPITALS)*

Title: Forenames:

Surname: Date of Birth:

Nationality: Male  Female

Full Postal Address:

Postcode

Telephone: E-mail:

CIHT Membership No: P0000 Member  Fellow

Employer’s name:

Employer’s address:

Postcode:

Telephone: E-mail:

Job Title:

Membership of other UK Professional Engineering Institutions:

Engineers Ireland / Engineering New Zealand Membership Number:

**SPONSORS**

Your sponsor must be an Engineering Council Registrant at CEng level and should ideally be Members or Fellows of CIHT. Sponsors must be familiar with the requirements of professional registration, as set out in the UK standard for Professional Engineering Competence (UK-SPEC) and their support indicates that, in their professional judgment, you have the knowledge and experience to meet the stated requirements.

|  |  |  |  |
| --- | --- | --- | --- |
| *Name and initials in* BLOCK CAPITALS |  |  |  |
| **SPONSOR 1** | Signature | CEng | |
| Member  Fellow | Membership  No. P0000 | Engineering Council Reg. No  *(if known)* | |

**QUALIFICATIONS**

|  |  |  |
| --- | --- | --- |
| Name of awarding institution/university (in original language and English if different) | Full title of qualification (in original language and English if different)  Include both the level and subject title. | Start/end dates of study  mm/yy |
|  |  |  |
|  |  |  |
|  |  |  |

***Candidate Checklist (when complete, please send as one PDF file to education@ciht.org.uk)***

* Application Form (with photo)
* CV
* Academic Certificates and Transcripts
* Where you hold a non-Accord qualification: Home signatory report of Knowledge Assessment/Alternative Route Assessment if available
* A copy of your home professional institution membership and professional engineer registration certificate
* UK-SPEC Evidence Forms (500 words for each section)
* CPD Record (25 hours for each of the two previous years)

**IMPORTANT UNDERTAKING TO BE SIGNED BY THE CANDIDATE**

I declare that the information provided in this form and the enclosed documents is, in every respect, complete and accurate.

###### SIGNATURE ……………………………………….…….. DATE ……………………....

***GDPR:*** *This Privacy Notice relates to the collection and processing of your personal data for the purpose of your CIHT Mutual Recognition application. We use the information that you provide about yourself to fulfil your requests, queries, updates and orders. We do not share this information with outside parties except to the extent necessary to complete your requests. Full details on how CIHT uses its data are available at* [*https://www.ciht.org.uk/privacy-statement/*](https://www.ciht.org.uk/privacy-statement/)