



Application for Membership or Transfer of Class



Please refer to the included Guidance Notes • Please complete in **BLOCK CAPITALS** and black ink

SECTION 1 – About Yourself (See guidance note 1)

Surname:	First Names:	
Title: Mr, Mrs, Ms, Miss, Prof, Dr	Date of Birth:	
	Age at time of application:	
Home Address:		
Town:		
County:		
Country:		
Postcode:		
Home Tel:	Home Fax:	
Mobile No:	Home Email:	
Sex: Male, Female		
Academic Qualifications: eg BSc etc.	Professional Qualifications: eg MICE etc.	
Honours conferred by the Crown: eg MBE, OBE etc		
If you are applying to transfer to a higher class of membership please state:		
Membership No:	Current Class:	Date initially joined CIWM:



SECTION 2 – About Your Work & Career History (See Guidance Note 2)

Job Title:	Start Date:
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Name of Employer:

Work Address: Building/Number:
Street:
Town:
County:
Country:
Postcode:

Work Tel:

Work Fax:

Work Email:

Work Web Address:

All correspondence will normally be sent to your home address.

Please tick the box if you would prefer correspondence to be sent to your business address

Outline of your Duties and Responsibilities – use additional space/sheets as required

Career History (most recent first) – use additional space/sheets as required

Date		Employer	Position held	Outline of duties and responsibilities
From	Until			

SECTION 3 – About Your Qualifications & Training (See Guidance Note 3)

Education – including Further Education and Professional Qualifications – use additional space/sheets as required

Date	Course title	Educational establishment	Qualifications received and grades	Copy of certificate enclosed (tick)

Relevant Training Courses (most recent first) – use additional space/sheets as required

Date	Course title	Duration of course	Course organisers	Copy of certificate enclosed (tick)

SECTION 4 – Sponsors (to be completed by two sponsors - See Guidance Note 4)

We the undersigned certify that we consider the applicant to be a person of good character and sound integrity and that he/she is suitable for election to the class of membership of the Institution for which he/she has applied, and confirm from our personal knowledge the information contained in this form is correct.

Sponsor 1 Print Name:	Signature:
CIWM Class of Membership:	
Position Held and Address:	
Length of Time Applicant Known to Sponsor:	

Sponsor 2 Print Name:	Signature:
CIWM Class of Membership:	
Position Held and Address:	
Length of Time Applicant Known to Sponsor:	

SECTION 5 – Declaration

I declare that the information contained in this application form is correct and hereby apply to be elected to the class of _____ Member of the Chartered Institution of Wastes Management and I undertake if elected to conform to the Articles, Byelaws and Regulations of the Institution as at present formed, or as they may be hereafter altered, amended or enlarged. I further undertake to pay the entrance fee and the annual subscription prescribed, and to promote the objects of the Institution as far as may be in my power.

Applicants Signature:
Print Name:
Date:

Please return completed form to:

**Membership Services Department
The Chartered Institution of Wastes Management
9 Saxon Court, St Peters Gardens, Marefair,
Northampton, NN1 1SX
United Kingdom**

Tel: +44 (0) 1604 620426

Fax: +44 (0) 1604 621339

Email: membership@ciwm.co.uk

Checklist

Please ensure you have included all of the following:

1. Supporting Statement
(applicants for Full Membership only)
2. Academic Certificates
3. Training Certificates
4. Sponsors
5. All sections (inc. questions) completed

Incomplete application forms or those that do not include the above will delay the application process.

SECTION 6 – Membership Database Questionnaire

The Membership Database has been designed to help identify ways the Institution can improve the services it provides its members. To fulfil these aims we therefore require basic data on members' qualifications, type of work, job function and other areas of responsibility and interest.

To ensure this information is complete and accurate, please could you complete this section of the application form which asks for the information we require to provide an effective service for our members.

In compliance with the data protection act, the information given in all sections of this application form will be treated as confidential. Personal details will not be given to outside bodies without member's prior consent.

Question 1 - Marketing Survey

How did you find out about the Chartered Institution of Wastes Management?

- 1. Recommended by another CIWM member
- 2. Attending a CIWM training course
- 3. Attending CIWM centre meetings
- 4. Attending CIWM conference/exhibition
- 5. Attending non-CIWM exhibitions
- 6. Information from college/university
- 7. Wastes Management Journal
- 8. CIWM website
- 9. Other (please specify) _____

Question 2 - Industry Sector

Please tick the box which best describes the industry sector in which you work (Please tick ONE box only).

- 1. Consultancy
- 2. Wastes Collection – Private Company
- 3. Wastes Collection – Local Authority
- 4. Wastes Disposal/Treatment – Private Company
- 5. Wastes Disposal/Treatment – Local Authority
- 6. Wastes Regulation (Environment Agency / SEPA)
- 7. Other Regulatory Body
- 8. Wastes Producer
- 9. Recycling/Reclamation
- 10. National Government
- 11. Health Authority
- 12. Plant/Equipment Manufacturer or Supplier
- 13. Education
- 14. Not In Full Time Employment
- 15. Other

Question 3 – Size of Organisation

Please indicate the approximate number of people employed within your organisation.

- 1. 1-10
- 2. 11-50
- 3. 51-100
- 4. 101- 500
- 5. 501-1,000
- 6. 1,001-5,000
- 7. 5,001-10,000
- 8. 10,001-20,000
- 9. over 20,000

Question 4 – Area of Activity

Please tick the boxes which best describes your main areas of activity (Please tick a maximum of three only).

- 1. Wastes Producer
- 2. Wastes Collection
- 3. Transport
- 4. Transfer Station Operation
- 5. Wastes Treatment
- 6. Incineration
- 7. Street Cleansing
- 8. Wastes Minimisation
- 9. Recycling
- 10. Composting
- 11. Landfill
- 12. Wastes Regulation
- 13. Planning
- 14. Wastes Policy
- 15. Education
- 16. Legislation/Legal Services
- 17. Health and Safety
- 18. Radioactive Wastes
- 19. Plant Hire
- 20. Manufacture/supply of vehicles/equipment

Question 5 – Main Job Function

Please tick the box which best describes your job function.

- 1. Director
- 2. Senior Manager
- 3. Manager
- 4. Senior Officer
- 5. Technical Officer/Technician
- 6. Supervisor
- 7. Lecturer/Researcher
- 8. Administrator
- 9. Other

Application for Membership Guidance Notes

It will save time processing your application if you have a recent up to date curriculum vitae or expanded report that you can attach to your application. Any omissions or incomplete information will delay your application.

Applicants for the class of Member must include a supporting statement with their application. This can be in the form of an up to date CV but should provide detailed information on the candidates experience and level of involvement in wastes management. This information will enable the Interview Panel to prepare questions for the candidate.

Please mark the areas that are non-applicable with N/A.

Guidance Note 1: Section 1 – About Yourself

Existing members applying to transfer to a higher class of membership need to complete the application form to ensure that information given in any previous application can be updated. Please give details of current class of membership and length of membership where indicated.

Guidance Note 2: Section 2 – About Your Work and Career History

Details of employment should be given in chronological order with greater detail for recent employment. If you are applying for Corporate Membership you should give a detailed summary of your wastes management experience in your supporting statement.

Show employer, position held, type of work engaged in, along with an indication of the level and scope of this work, and the degree of responsibility held in relation to supervising staff and controlling finance.

Please include a flow chart, showing your position in the organisation, on a separate sheet.

Non-relevant employment should be given briefly so that no gaps appear in the record.

If you wish your correspondence to be forwarded to your business address please ensure you tick the relevant box.

Guidance Note 3: Section 3 – About Your Qualifications and Training

You should provide details of all educational qualifications since leaving school.

Please indicate whether the course(s) studied were full, part-time, or distance learning and state class, division or other classification of the qualification received.

You should supply photocopies of all academic qualifications.

You should detail any relevant training undertaken throughout your employment and include photocopies of any certificates you may have in connection with this.

Guidance Note 4: Section 4 – Sponsors

The sponsors supporting the application for Corporate Membership must be Corporate Members of the Institution. In the case of an application for other classes of membership they may alternatively be persons of standing with personal knowledge of the applicant's training or work.

Where the class of Corporate Member has been applied for, the Institution will write to sponsors for references prior to the applicant attending the Interview.

You should ensure that your sponsors have known you for a sufficient period of time to verify the information given on your application form. You should also make them aware that you are making an application for membership.

If you are unable to find sponsors who are Corporate Members of the Institution please contact the Membership Services Department.

Guidance Note 5: Section 5 – Declaration

Please read the requirements of each class of membership, contained in this pack, to ensure you have the necessary relevant experience and qualifications required for the class for which you are applying. If you are unsure of the correct class to apply for please contact the Membership Services Department.

You should sign, date and print your full name to confirm your intention to join the Institution.

Guidance Note 6: Professional Interview

Those applying for Corporate Membership will be required to attend a formal professional interview that will be conducted by senior members of the Institution.

Full details of the format of this interview will be sent to candidates when they are invited to attend.

Interviews will be held at a time and place that is mutually convenient to candidates and the interview panel.

Guidance Note 7: Payment of Fees

The subscription fee is payable to the Institution on an annual basis. You will be informed of the balance due for the current year when your application has been processed. **Do not include payment with your application.** Those wishing to pay by Direct Debit in future years should complete Section 7.

Subsequent annual subscriptions become due on 1st January. You will be informed of the amount due prior to the start of the year.

Please check your application carefully to ensure that all sections are completed in full and that all documentation is secure. If you have any queries concerning your application for membership, please do not hesitate to contact the Membership Services Department, who will be happy to assist.



The Chartered Institution of Wastes Management

Instruction to your Bank or Building Society to pay by Direct Debit

Please send this form with completed application to:
Membership Services Department
The Chartered Institution of Wastes Management
9 Saxon Court, St Peters Gardens, Marefair,
Northampton. NN1 1SX.



Instruction to your Bank or Building Society.

Please pay The Chartered Institution of Wastes Management Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with The Chartered Institution of Wastes Management and, if so, details will be passed electronically to my Bank/Building Society

Fold here

Name(s) of Account Holders:

Signatures:
Date:

Fold here

Bank/Building Society Account Number							

Banks and Building Societies may not accept Direct Debit instructions on some types of account.

Branch Sort Code					

Membership Number (for office use only)							

To: The Manager:	
	Bank/Building Society
Address:	
	Postcode:

Originator's Identification Number (for office use only)					
9	4	0	7	4	7



Direct Debit Guarantee

This guarantee should be detached and retained by the payer.

This guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the scheme is monitored and protected by your own Bank or Building Society.

If the amounts to be paid or the payment dates change The Chartered Institution of Wastes Management will notify you within 30 working days in advance of your account being debited or as otherwise agreed.

If an error is made by The Chartered Institution of Wastes Management or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.

You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.



