

THE INSTITUTE OF AUTOMOTIVE ENGINEER ASSESSORS



APPLICATION for ADMISSION

This form is **ONLY** for use when applying for grade of GRADUATE when no previous grade has been held

You must complete or mark as NOT APPLICABLE on **all sections** of this form.

We cannot properly consider your application unless you provide all of the information requested.

| | |
|-------------------------|--|
| 1. YOUR DETAILS: | |
| Title and Surname: | <input type="text"/> |
| Forenames: | <input type="text"/> |
| Home address: | <input type="text"/> |
| | Postcode: <input type="text"/> |
| E-mail address: | <input type="text"/> |
| Home phone No: | <input type="text"/> |
| | Personal Mobile No: <input type="text"/> |
| Date of Birth: | <input type="text"/> |
| | Nationality: <input type="text"/> |

| | |
|---|---|
| 2. CURRENT EMPLOYMENT DETAILS: | |
| Is this your only / full time job? | <input type="checkbox"/> Y/N |
| If No please provide additional work details. | |
| Employer or Business Name: | <input type="text"/> |
| Employer / Office or Business address: | <input type="text"/> |
| | Postcode: <input type="text"/> |
| Daytime e-mail: | <input type="text"/> |
| Daytime Phone No: | <input type="text"/> |
| | Daytime Mobile No: <input type="text"/> |
| Fax No: | <input type="text"/> |
| | May we contact you via work? <input type="checkbox"/> Y/N |
| Role: | Staff Engineer <input type="checkbox"/> Independent engineer <input type="checkbox"/> Estimator or other <input type="checkbox"/> |

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|--|---|
| 3. PREFERRED COMMUNICATION: | |
| Which would you like us to use as your main mailing address? | Home <input type="checkbox"/> Work <input type="checkbox"/> |

4. EDUCATION: (Include details all education and examination – especially technological)

| FROM (mm/yy) | TO (mm/yy) | LOCATION, and ACHIEVEMENTS or EXAMINATIONS PASSED |
|-------------------------|-----------------------|--|
| | | |

5. INSTITUTES, PROFESSIONAL BODIES and ASSOCIATED STUDIES:

| DATE | GRADE or AWARD | INSTITUTE or AWARDING BODY |
|-------------|---------------------------|-----------------------------------|
| | | |

6. APPRENTICESHIP or EQUIVALENT TRAINING:

Proposer initials

Duration:

Duration:

Employer or Training Provider:

Employer or Training Provider:

Details of Training:

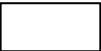
Details of Training:

7. EMPLOYMENT HISTORY:

Proposer initials

| | |
|---|----------------------|
| Current (or Principle) Employer: | |
| Position held / job title: | From (mm/yy): |
| Current duties and responsibilities: | |

| FROM (mm/yy) | TO (mm/yy) | Employer Position held and Responsibilities | Proposer initials |
|-----------------|---------------|--|----------------------|
| | | (Continue on a separate sheet if required) | |
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8. DECLARATION:

You must read and sign the declaration:

I, the undersigned, certify that the particulars provided by me on this form, and enclosed with it are correct, are significant of my achievements, and refer directly and only to me. I have read and understand the requirements of the grade for which I am applying.

I understand that in the event of my election to The Institute I will be governed by the Articles of Association, Rules and Code of Conduct of the Institute of Automotive Engineer Assessors as they are currently formed, or as they may hereafter be altered. I have read, understand and recognise the standards of conduct, repute and professional behaviour expected of me, and I undertake to adhere to these standards.

SIGNED:
(Applicant)

Date:

9. PROPOSERS:

1. Do not sign, initial or date ANY PART OF THIS APPLICATION unless the whole document is completed.
2. Ask the applicant to confirm his information is complete then strike through and initial any spaces remaining in parts 4, 5, 6 and 7 of the form.
3. Please countersign – by initialling in the spaces provided, or on the letters - the information given in parts 6 and 7 above, insofar as you are wholly familiar with the applicant’s statements.
4. Please check against the original, and countersign – by initialling – any copy certificates or records provided by the applicant. As you are confirming personal knowledge of these documents you should not initial any ‘copy’ if you are not given personal sight of the original of any of the documents presented to you.

Proposer 1

Proposer 2

| | |
|---|---------------------------|
| PRINT Name: | |
| Grade: | Membership number: |
| I have read the particulars provided on this form, and from the personal knowledge I have of this applicant I have confirmed the information provided. I am pleased to recommend him to the Institute as presented. | |
| Signature: | |

| | |
|---|---------------------------|
| PRINT Name: | |
| Grade: | Membership number: |
| I have read the particulars provided on this form, and from the personal knowledge I have of this applicant I have confirmed the information provided. I am pleased to recommend him to the Institute as presented. | |
| Signature: | |

10. CHECKLIST: Have you completed ALL sections?

You must enclose with this application:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | 1. Your CPD record covering at least the last 2 years |
| <input type="checkbox"/> | 2. Copy certificates and supporting information - endorsed throughout by your proposers |
| <input type="checkbox"/> | 3. Any original letters to confirm your training and development period |
| <input type="checkbox"/> | 4. Your application fee £32-(£52 S/Ireland and overseas) STERLING ONLY Made payable to; The Institute of Automotive Engineer Assessors IAEA Brooke House, 24 Dam Street, Lichfield, Staffs, WS13 6AA |