



# THE INSTITUTE OF AUTOMOTIVE ENGINEER ASSESSORS

## APPLICATION for ADMISSION AT AFFILIATE LEVEL

You must complete *all sections* of this form or mark as NOT APPLICABLE (N/A).

Please use BLOCK CAPITAL LETTERS.

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

### YOUR DETAILS

Title, forenames and surname	<input type="text"/>		
Home address	<input type="text"/>		
	Postcode		
Personal email	<input type="text"/>		
Home phone	<input type="text"/>	Personal mobile	<input type="text"/>
Date of birth	<input type="text"/>	Nationality	<input type="text"/>

### CURRENT EMPLOYMENT DETAILS

Is this your only/full time job?  YES  NO If NO please provide details on a separate sheet

Employer or Business name	<input type="text"/>		
Employer/Office or Business address	<input type="text"/>		
	Postcode		
Daytime email	<input type="text"/>	Daytime mobile	<input type="text"/>
Daytime phone	<input type="text"/>		
Date started current job	<input type="text"/>	Fax	<input type="text"/>
<b>CURRENT JOB TITLE &amp; RESPONSIBILITIES</b>	<input type="text"/>		

Job role	<input type="checkbox"/> Staff engineer working for insurer	May we contact you whilst at work?
	<input type="checkbox"/> Independent engineer working for company	<input type="checkbox"/> YES
	<input type="checkbox"/> Independent engineer working for myself	<input type="checkbox"/> NO

## APPRENTICESHIPS or EQUIVALENT TRAINING/EXPERIENCE

<b>FROM</b> (mm/yy)	<b>TO</b> (mm/yy)	<b>EMPLOYER or TRAINING PROVIDER</b> Give details of training/experience for each one (cont on a separate sheet if necessary)

## EMPLOYMENT HISTORY

<b>FROM</b> (mm/yy)	<b>TO</b> (mm/yy)	<b>EMPLOYER</b> - give position held and responsibilities for each one (continue on a separate sheet if necessary)

**EDUCATION** Include details of all education and examinations - we are particularly interested in technology subjects

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

**QUALIFICATIONS - INSTITUTES, PROFESSIONAL BODIES, ASSOCIATED STUDIES & AWARDS**

DATE	GRADE/AWARD	INSTITUTE or AWARDDING BODY



# THE INSTITUTE OF AUTOMOTIVE ENGINEER ASSESSORS

## APPLICATION AT AFFILIATE LEVEL

### DECLARATIONS

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.

Grade applied for:

1. **AFFILIATE** only
2. Affiliate and enrolment on the learning route to **ASSOCIATE** via Oral and Practical Examination\*
3. Affiliate and enrolment on the learning route to full **MEMBER** via written and Practical Examination\*

\*NOTE.

*On indicating registration for 2 & 3 you will be contacted with further details.*

*Subject to purchasing the required learning material and adhering to the required learning timescales you will be registered by the Institute as **Working Towards** for the ABI GTI purposes.*

I understand that in the event and Code of Conduct of the Institute of Automotive Engineer Assessors as they are currently formed, or as they may hereafter be altered.

Where an application includes study materials, I undertake to use them for my own purposes and not to sell, copy, lend or give them to anyone else

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

### PRIVACY STATEMENT

The IAEA will ensure that your personal data is processed in line with Data Protection legislation and the IAEA Privacy Policy (available at [www.iaea-online.org/privacy-policy](http://www.iaea-online.org/privacy-policy)).

To process this application, I agree that the Institute may share my personal information within the organisation or with other bodies where it would not be inconsistent with the purposes for which I have provided it, and/or where it is required or permitted to do so by law.

Marketing communications. From time to time, we may wish to draw your attention to other IAEA products and services which are likely to be of interest to you. Please note: if you choose not to receive marketing emails, you will still receive communications relating to your membership, qualifications, event bookings and any voting rights, as well as important operational notifications relating to the IAEA).

**I consent to receiving marketing communications from the IAEA. YES / NO**

Sharing your data with IAEA regional member groups. The IAEA provide access to a programme of services including CPD events and networking opportunities run by the local Regions. We will share your data with your local Region so they may send you relevant email communications.

**I consent to the IAEA sharing my data with my local Region. YES / NO**

Sharing information with your employer. The IAEA may receive a request from your employer to provide details of your qualification history.

**I consent to the IAEA sharing this information with my employer. YES / NO**

**I have read and understood the privacy statement:**

SIGNED(applicant)

DATE

## CHECKLIST

**Have you completed ALL sections?**

**You must enclose/completed the following items with your application:**

**Copy certificates & supporting information, copy of ATA VDA photo id if accredited**

**2. Any original letters to confirm your training and development period**

(Please do not use staples to hold documents together)

. Completed and signed declaration and privacy statement

**4. Application fee. 5.00 UK ROI ( 40 overseas applications) STERLING ONLY PLEASE.**

**Please note the application fee is non-refundable.**

Debit/credit card at the IAEA online shop. Please include your full name as the reference.  
<http://www.iaea-online.org/shop>.

**5. Sent a passport size digital image by email to support your application to: [sally@theiaea.org](mailto:sally@theiaea.org)**

BACS payment to: IAEA. Sort code: 30-95-04, Account number: 00502151.

Please include your full name followed by CVSCE as the reference.

Payment by Employer to be invoiced (bulk payment or individual)

**Return this form to: IAEA. The Firs, High Street, Whitchurch, Buckinghamshire, HP22 4JU**

For further information call Sally on 01296 642895