



Chartered Institution of CIVIL ENGINEERING SURVEYORS

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 Email: applications@cices.org Website: www.cices.org

FOR OFFICE USE	ICES101 / 2009
ACK	
FEE	
CARD	
LIST	
NO	

Application Form

Please Tick	<input type="checkbox"/>	Affiliate
	<input type="checkbox"/>	Graduate Member
	<input type="checkbox"/>	Technical Member
	<input type="checkbox"/>	Member
Have you made any previous application for membership of the institution? Yes / No (If yes, please give details)		
Are you currently enrolled on an ICES Approved Development Scheme? Yes / No (If yes, please give details)		

For office use: Date Stamp

1	SURNAME			ALL FORENAMES	
	DATE OF BIRTH			COUNTRY OF RESIDENCE	
	Day	Month	Year		
HOME ADDRESS (correspondence will normally be directed to this address)			EMPLOYER'S NAME AND ADDRESS		
Postcode:			Postcode:		
Phone / Mobile:			Phone / Mobile:		
Email Address:			Email Address:		
PRESENT POST (JOB TITLE)			Nature of Employer's business:		

MR	MRS	MS	MISS	OTHER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please tick			Please specify	

2	PROFESSIONAL DISCIPLINE Please tick the specialisms you are involved in, indicating the main specialism if you have submitted signed off competencies.				
	COMMERCIAL MANAGEMENT		GEOSPATIAL ENGINEERING		
	Commercial Management	<input type="checkbox"/>	Land and Engineering Surveying	<input type="checkbox"/>	
	Quantity Surveying	<input type="checkbox"/>	Photogrammetry and Remote Sensing	<input type="checkbox"/>	
	Estimating	<input type="checkbox"/>	Geographical Information Systems	<input type="checkbox"/>	
	Procurement Engineering	<input type="checkbox"/>	Hydrographic Surveying	<input type="checkbox"/>	
	Project Management	<input type="checkbox"/>	Buried Services	<input type="checkbox"/>	
	Planning	<input type="checkbox"/>	OFFICE NOTES		
	Construction Economics	<input type="checkbox"/>			
	Cost Engineering	<input type="checkbox"/>			
Construction Law	<input type="checkbox"/>				

3	EMPLOYER'S DECLARATION: From personal knowledge of the candidate, I can confirm that the information contained in this application is correct to the best of my knowledge and belief. (If self employed use own signature and attached your business card.)					
	SIGNATURE:			POSITION:		
	INITIALS AND NAME:			DATE:		
4	INITIALS AND NAME OF SPONSOR(S): (Plus membership number and email address)			GRADE OF MEMBERSHIP (and professional body if not ICES)	SIGNATURE	DATE
	Principal Sponsor	Membership No	Email			
5	MAIN VOCATIONAL QUALIFICATIONS					
	QUALIFICATION			COLLEGE/UNIVERSITY		
6	DECLARATION: I, the undersigned, hereby apply for admission to the Chartered Institution of Civil Engineering Surveyors and agree, if admitted, to be covered by the Articles of Association and Bye-Laws of the Institution as now formed or as they may be thereafter legally altered. In the event of my not being considered eligible for admission to the grade applied for, I am willing to accept the grade offered by the Council of Management. If accepted into membership of the institution, I agree that my membership records may be stored electronically and used for administration purposes.					
	SIGNATURE			DATE		
7	If accepted into membership of the Chartered Institution of Civil Engineering Surveyors, please print my name on the certificate in the following manner:					
	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>					
	(eg J. M. Smith, Jim M Smith, Jenny Smith, Jennifer Ann Smith etc)					
8	CHECKLIST (Please read ICES Guide to Membership)					
	All Applications <input type="checkbox"/> Completed application form <input type="checkbox"/> Passport sized photograph PLUS Affiliate Member No application fee payable No sponsor signature required Graduate Member <input type="checkbox"/> Application fee <input type="checkbox"/> Photocopy of qualification certificate(s) <input type="checkbox"/> 1 signature (ICES/RICS/ICE/CIOB full member or fellow)		Technical Member <input type="checkbox"/> Application fee <input type="checkbox"/> Detailed CV (2 copies) <input type="checkbox"/> Experience report (2 copies) <input type="checkbox"/> CPD records (2 copies) <input type="checkbox"/> Photocopy of qualification certificates <input type="checkbox"/> Signed off competency sheets <input type="checkbox"/> 2 signatures (ICES/RICS/ICE/CIOB full members or fellows)			
			Member <input type="checkbox"/> Application fee <input type="checkbox"/> Detailed CV (3 copies) <input type="checkbox"/> Experience report (3 copies) <input type="checkbox"/> CPD records (3 copies) <input type="checkbox"/> Photocopy of qualification certificates <input type="checkbox"/> Signed off competency sheets <input type="checkbox"/> 2 signatures (1 ICES and 1 ICES/RICS/ICE/CIOB full member or fellow) <input type="checkbox"/> Principal sponsor's form			
	Any of the documentation may be sent electronically to applications@cices.org					
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