

STUDENT REGISTRATION FORM

CIOB Level 3 Diploma In Site Supervisory Studies
CIOB Level 4 Site Management – Certificate / Diploma



IMPORTANT NOTE: All boxes must be completed and in **CAPITAL LETTERS** to avoid the form being returned as incomplete.

APPLICANT'S DETAILS

Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify).....
First Name:	
Middle Names:	
Last Name:	
Date of Birth:	
Address:	
	Postcode (required)
E-mail:	(please print clearly)
Telephone:	Mobile:
	Home:
	Work:
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Employment Status:	<input type="checkbox"/> In construction related employment <input type="checkbox"/> In employment <input type="checkbox"/> Unemployed

Which course are you registering for?

- Level 3 Diploma in Site Supervisory Studies
- Level 4 Certificate and Diploma in Site Management

Students registering on the above courses are all entitled to free student membership for the duration of the course. For benefits of membership visit our website at <http://www.ciob.org.uk/membership/benefits>.

- I wish to become a student member and have completed and signed the Applicant's Declaration which accompanies this form.
- I DO NOT wish to become a student member.

APPLICANT'S DECLARATION



You must agree with all the declarations listed below before proceeding with the membership.
Tick the checkbox '*I agree with the above*' found at the bottom right corner in every declaration box.

1. CHARTER

I understand that I will be admitted to Free Student membership and agree to undertake and observe The Royal Charter and Bye Laws, the Rules and Regulations of Professional Competence and Conduct and any other Regulations for the time being in force.

I declare that I have read The Chartered Institute of Building (CIOB) Royal Charter and Bye Laws and The Rules and Regulations of Professional Competence and Conduct. www.ciob.org.uk/about/royalcharter

I agree with the above.

2. ACCURATE INFORMATION

I declare that the documents that I have provided and the statements I have made on this form are true. I also agree to pay the appropriate annual subscription as requested by the Institute.

I agree with the above

3. CRIMINAL CONVICTIONS STATEMENT

Please confirm that you have disclosed to the CIOB full details of the following where applicable.

Any charge or conviction of a criminal offence where the penalty could be imprisonment unless it is now a spent conviction as provided in the Rehabilitation of Offenders Act 1974 or the equivalent in your jurisdiction.

Whether you are an undischarged bankrupt or within the last three years have been subject to any insolvency proceedings or other arrangements with creditors in respect of your debts (such as an Insolvency Voluntary Arrangement)

If at any time the CIOB discovers that you have failed to disclose any of the above or that you have provided false information it will have the right to terminate your membership with immediate effect (with no further obligation to refund any subscriptions or fees)

I understand and accept that I am accountable for the truth of this declaration. I agree with the above

Confirmation of any disclosures (if you wish to send this information confidentially then please write to:
Institute Secretary, CIOB, Englemere, Kings Ride, Ascot, Berkshire SL5 7TB)

4. DATA PROTECTION

The CIOB processes member information in accordance with the Data Protection Act 1998. By ticking any of the boxes below, you are agreeing to receive that information.

I am registered with the Telephone Preference Service (TPS)

Preferred mail contact: Email Post Preferred phone contact: Home Work Mobile

I do not want receive any mailings from CIOB

I would like to receive information in relation to the CIOB (e.g. events, CPD, e-newsletters, surveys)

I would like to receive information in relation to events and CPD held by my local CIOB branch/centre

I would like to receive information from the CIOB's wholly owned subsidiary, Englemere Ltd (e.g. member benefits, Annual Dinner, CMYA, Construction Books Direct)

I agree that on occasions the CIOB may pass on my details to third parties, where it is deemed to be of benefit and in line with the Institute's objectives

I would like to receive communication via Text (where applicable)

Signature of applicant: Date:
Full name: (print in block capitals): Date of birth: