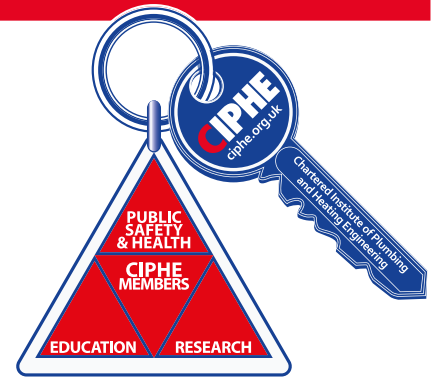


## The key to your success

The **CIPHE** is the only body that offers individual professional recognition for your plumbing and heating qualifications and experience.

To apply to join the **CIPHE**, please complete this form and email: [membership@ciphe.org.uk](mailto:membership@ciphe.org.uk)



## 1 Membership Categories

The **CIPHE** bases its membership criteria on approved qualifications.

Please tick the appropriate box of the membership category you are applying for.

Please note that the **CIPHE's** Election and Enrolment Committee will place you in the category of membership it considers appropriate based upon the information you supply with your application.

If you are unsure of which category to apply for, please leave this section blank.

## We're here for you!

Our **Membership Department** will be pleased to help you with any questions you may have.

Please call us on **+44 (0)1708 472 791**  
(Monday to Friday 9am to 5pm),

fax : **+44 (0)1708 448 987**,

email : [membership@ciphe.org.uk](mailto:membership@ciphe.org.uk) or

visit our website : [www.ciphe.org.uk](http://www.ciphe.org.uk)

### Fellow (FCIPHE)

Holds HNC/HND/Degree in relevant engineering discipline with appropriate post qualification experience and is employed in a senior managerial position (i.e. consultant).

Please contact the **Membership Department** on **+44 (0)1708 472 791** for more information on applying for **Fellow** status.

### Member (MCIPHE)

Holds NVQ Level 3 or City & Guilds Advanced Craft Certificate with 5 years minimum practical experience.

### Associate (ACIPHE)

Holds NVQ Level 2 or City & Guilds Craft Certificate with 3 years minimum practical experience (including 1 year post NVQ).

### Trainee

Currently studying for an approved qualification at an accredited centre. Please contact the **Membership Department** on **+44 (0)1708 472791** and request a *Trainee Membership pack*.

### Affiliate

Holds Level 2 in a plumbing or heating discipline and working towards NVQ Level 2 or holds NVQ2 but requires further practical experience.

### Companion

Open to anyone who is connected with the plumbing and heating industry and supports the work of the CIPHE.



## Engineering Council Registration

Suitably qualified **Fellow** or **Member** applicants have the opportunity to register with the **Engineering Council**.

Please contact the **Membership Department** for more information or visit the **Engineering Council** section of our website.

### Don't forget Please take the time to double check that you have:

Filled out every section of the form

Attached payment details for this application and Direct Debit details for future subscriptions

Read and signed the Declaration

Enclosed copies of all qualifications

### As your application cannot proceed without these.

Please send this form and your payment to:  
**Membership Department, CIPHE, 64 Station Lane,  
Hornchurch, Essex RM12 6NB**

# Proud to be a Professional

## 2 Personal details

<b>Surname</b> (Mr/Mrs/Miss/Ms)	<input type="text"/>	<b>First name/s</b>	<input type="text"/>
<b>Home address</b>	<input type="text"/>		
Town	<input type="text"/>	Post code	<input type="text"/>
<b>Email</b>	<input type="text"/>	<b>Mobile</b>	<input type="text"/>
<b>Telephone</b> (home)	<input type="text"/>	<b>Telephone</b> (business)	<input type="text"/>
<b>Date of birth</b> (DDMMYY)	<input type="text"/>	<b>Age</b>	<input type="text"/> <small>Years</small>
	<input type="text"/>	<b>NI No.</b>	<input type="text"/>

## 3 Education and training

List below details of all relevant qualifications you hold. Please ensure copies of certificates are enclosed.  
If certificates are no longer available please state this clearly. **Your application will not proceed without this information.**

**Attach Certificates**

Name of college / training centre	Courses taken/subjects passed and qualifications obtained	Dates from/to
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 4 Employment history

List below details of your employment history, giving names of any employers, areas of work you undertake, your roles and responsibilities and length of employment. If necessary, please continue on a separate sheet or enclose an up-to-date CV. **Your application will not proceed without this information.**

**Attach Certificates**

Employer/previous employer name & location	Responsibilities/duties	Dates from/to
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>



## 8 References

Please supply the details of two persons who know you in a professional capacity (i.e. other plumbers, builders, consultants, architects, etc.) – **NOT relatives**. **References from customers or merchants will not be accepted.**

### References 1

<b>Surname</b> (Mr/Mrs/Miss/Ms)	<input type="text"/>	<b>First name/s</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>		
Town	<input type="text"/>	Post code	<input type="text"/>
<b>Email</b>	<input type="text"/>	<b>Mobile</b>	<input type="text"/>
<b>Telephone</b> (daytime)	<input type="text"/>	<b>Occupation</b>	<input type="text"/>
<b>CIPHE Membership no.</b>	<input type="text"/>	Non-CIPHE member , please send an application form <input type="checkbox"/>	

### References 2

<b>Surname</b> (Mr/Mrs/Miss/Ms)	<input type="text"/>	<b>First name/s</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>		
Town	<input type="text"/>	Post code	<input type="text"/>
<b>Email</b>	<input type="text"/>	<b>Mobile</b>	<input type="text"/>
<b>Telephone</b> (daytime)	<input type="text"/>	<b>Occupation</b>	<input type="text"/>
<b>CIPHE Membership no.</b>	<input type="text"/>	Non-CIPHE member , please send an application form <input type="checkbox"/>	

## 9 Data protection

Please tick if you would like to receive information about our products and services from :

<b>CIPHE Head Office and Branches</b>	<input type="checkbox"/>	Post	<input type="checkbox"/>	Email	<input type="checkbox"/>	Phone	<input type="checkbox"/>	SMS
<b>CIPHE Industrial Associates</b>	<input type="checkbox"/>	Post	<input type="checkbox"/>	Email	<input type="checkbox"/>	Phone	<input type="checkbox"/>	SMS

## 10 Declaration Please read and sign the declaration below.

I, the undersigned, apply to be enrolled as a member of **The Chartered Institute of Plumbing and Heating Engineering**. I certify that the information which I have provided on this application form is true to the best of my knowledge, and that, if elected and enrolled, I will agree to adhere to the **Code of Professional Standards** and be governed by the **Royal Charter** and **Bye-Laws** of **The Chartered Institute of Plumbing and Heating Engineering**.

If my certificates are no longer available, I will sign a declaration and in the event that any information hereby supplied is inaccurate or misleading, I accept that, following investigation by **The Chartered Institute of Plumbing and Heating Engineering**, my membership may be terminated.

<b>Name</b>	<input type="text"/>
<b>Position</b>	<input type="text"/>
<b>Signature</b>	<input type="text" value="Please type your name into this field"/>
<b>Date</b>	<input type="text"/>

### For office use only

Membership Number	<input type="text"/>
Category	<input type="text"/>
Accepted	<input type="text"/>
Paid £	<input type="text"/>
Batch Number	<input type="text"/>
RP Number	<input type="text"/>
RHP Number	<input type="text"/>
Branch	<input type="text"/>

Our **Membership Department** will be pleased to help you with any questions :  
Telephone : **+44 (0)1708 472 791** (Monday to Friday 9am to 5pm)  
Fax : **+44 (0)1708 448987**  
Email : **membership@ciphe.org.uk**  
Website : **www.ciphe.org.uk**

If downloading and printing this form to complete and post, please fill in the necessary details in CAPITALS using a BLACK ball point pen and send to:  
**CIPHE, 64 Station Lane, Hornchurch RM12 6NB, England**

Name  CIPHE Membership No.

Address  New address? Yes  No

Post code

## Cheque

Cheque for £  made payable to **CIPHE** and enclosed

Please note that, for security reasons, we are unable to accept credit/debit card payments via email, therefore please return completed form via post if using this method of payment.

## Card

Please charge my MasterCard  Visa  Delta  Switch  Solo  Amex  (tick as appropriate) with £

Card number  Security code

Start date  Expiry date  Issue number (Switch / Solo)

Name on card  Signature  Please type name  Date

## Direct Debit

Future membership subscription for year-on-year payment

### Service User Number

9 2 0 1 7 6

Please note that initial payment cannot be made by Direct Debit

Name/s of account holder/s

Bank/Building Society account number  Sort code

To the Manager  Bank/Building Society

Address

Post code

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

Please pay the **Chartered Institute of Plumbing and Heating Engineering** Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that the Instruction may remain with the **Chartered Institute of Plumbing and Heating Engineering** and, if so, details will be passed electronically to my Bank/Building Society.

Signature  Please type name  Date

For **Chartered Institute of Plumbing and Heating Engineering** official information only.

Please note that this is not part of the Instruction to your Bank or Building Society.

If Direct Debit signature/s is not that of **CIPHE** membership applicant, please provide name and full postal address of signatory:

Name (capitals)

Address

Post code

Please note that Banks and Building Societies may not accept a Direct Debit instruction from some types of account.

If paying by Direct Debit, the Guarantee below should be retained by the payer.



### Direct Debit Guarantee

- The Guarantee is offered by all Banks and Building Societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit The Chartered Institute of Plumbing and Heating Engineering will notify you (normally 10 working days) in advance of your account being debited or as otherwise agreed. If you request The Chartered Institute of Plumbing and Heating Engineering to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by The Chartered Institute of Plumbing and Heating Engineering or your Bank or Building Society, you are entitled to a full and immediate refund of the amount paid from your Bank or Building Society
- If you receive a refund you are not entitled to, you must pay it back when the organisation asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify The Chartered Institute of Plumbing and Heating Engineering.



## Send your completed form to us

Before you send this form back to the CIPHE, please take the time to double check that you have filled out every section.

Once it is complete, please click below to :



**Print** the completed form to post



**Save** to your computer or device to keep a copy for your records



**Email** direct to [membership@ciphe.org.uk](mailto:membership@ciphe.org.uk)

Thank you!

### We're here for you!

Our **Membership Department** will be pleased to help you with any questions you may have.

Please call us on **+44 (0)1708 472 791**  
(Monday to Friday 9am to 5pm),

fax : **+44 (0)1708 448 987**,

email : [membership@ciphe.org.uk](mailto:membership@ciphe.org.uk)

visit our website : [www.ciphe.org.uk](http://www.ciphe.org.uk)

write to us : **Membership Department, CIPHE**  
**64 Station Lane, Hornchurch, Essex RM12 6NB**