The Chartered Institute of Plumbing and Heating Engineering –
Hong Kong Branch
英國特許水務學會—香港分會
P.O. Box 23229, Wanchai, Hong Kong,
Tel: 2417-0091 Fax: 2417-9719 E-mail: info@ciphe.org.hk web-site: www.ciphe.org.hk

Name of Applicant: _____

Work Experience: [Additional sheet(s) may be added if space provided is not enough]

Name of employer & Position	Description of duties / responsibilities	Date (from & to)

I, declare the statements for all the above are, to the best of my knowledge, true

Signature of Applicant: _____ Date: _____

REFEREE / SUPERIOR ENDORSEMENT:

I, the undersigned, endorse the correctness of the above for the applicant

Full Name of Referee: _____**Signature:** _____

Address & Telephone No. for Communication: _____

_____

***Employer's Chop & Company Name*:** _____

***CIPHE Category:** _____**Registration No.:** _____

: Delete the not applicable item