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| CIEEM_Primary Logo (no background) | **Registered Practice**  **Application for Registration** |

All organisations applying are expected to be familiar with the content of CIEEM’s Registered Practices Code of Practice and eligibility criteria before completing this form. All the information required can be found [here](https://cieem.net/i-am/registered-practices/).

Please type in the boxes provided, remembering to check spelling and adhere to word limits where applicable. An inaccurate submission will delay the application.

1. **BUSINESS OR ORGANISATION DETAILS**

|  |  |  |
| --- | --- | --- |
| **Business or Organisation Name:** |  | |
| **Main Office Address:** |  | |
| **Company Website address:** | |  |
| **Email address:** | |  |
| **Phone number:** | |  |
| **Does your business have multiple locations? (If yes, please complete section 3 below):** | |  |
| **Business Registration Number (or HMRC Unique Reference Number or Irish Tax Reference Number if sole trader):** | |  |
| **Number of relevant permanent employees, temporary employees and contractors[[1]](#footnote-2):** | |  |

1. **MAIN CONTACT DETAILS**

|  |  |
| --- | --- |
| **Name:** |  |
| **Email:** |  |
| **Telephone number:** |  |
| **Address (if different from main office above):** |  |

1. **MULTIPLE LOCATION DETAILS**

|  |  |
| --- | --- |
| **Address:** |  |
| **Email:** |  |
| **Telephone number:** |  |

|  |  |
| --- | --- |
| **Address:** |  |
| **Email:** |  |
| **Telephone number:** |  |

|  |  |
| --- | --- |
| **Address:** |  |
| **Email:** |  |
| **Telephone number:** |  |

**If there are more than 3 additional locations, please list separately.**

**DESCRIPTION OF HOW THE BUSINESS OR ORGANISATION PROMOTES CIEEM’S OBJECTS**

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| If you have appended your description to this application, please tick this box. |
| Otherwise, please include your description in the space below. ***Maximum 500 words.*** |
|  |
| The **Objects** for which the Chartered Institute is constituted are:   * To advance the understanding and the standards of practice of ecology and environmental management for the benefit of the natural environment and the public good; and * To further the conservation management and enhancement of biodiversity and the maintenance of ecological processes and life support systems essential to a fully functioning biosphere. |

1. **DECLARATION BY BUSINESS REPRESENTATIVE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| You are asked to confirm that: | | | | |
| 1. you have read CIEEM’s Registered Practice Code of Practice. This document can be found [here](https://cieem.net/resource/code-of-practice-for-registered-practices/). | | | |  |
| 1. you have included all relevant permanent employees, as at time of application, temporary employees and all relevant contractors employed for more than 45 days within the last 12 months in your calculation of number of relevant employees and contractors; | | | |  |
| 1. to the best of your knowledge, the business practises and are likely to continue to practice in a manner which accords with the principles and objectives of the CIEEM’s Registered Practices Code of Practice; | | | |  |
| 1. to the best of your knowledge all the information contained in the application is accurate. | | | |  |
| By entering your name in the box below on behalf of the business or organisation, you certify that the information in this application to be true and correct, to the best of your knowledge. Your business or organisation agrees that this information can be used for the purpose of processing its application to become a Registered Practice as defined by the Chartered Institute of Ecology and Environmental Management (CIEEM), subject to approval by the Governing Board, and may be shared with approved third parties solely for this purpose.  Your business or organisation agrees that details pertinent to this application and membership history will be held and used by CIEEM, under the terms of the Data Protection Bill and GDPR (General Data Protection Regulations), for the purposes of establishing and maintaining its registration as a Registered Practice and administering activities for Registered Practices.  You confirm that the Directors of the business or organisation have read and agree to be bound by the terms and conditions of Registered Practices as stated in the eligibility criteria and the Registered Practice Code of Practice or any subsequent amendments thereof.  You confirm that you are authorised by the Directors of the business or organisation to make this application for registration.  You understand that this application for Registered Practice may be refused, or Registered Practice may be later withdrawn, if you/the business or organisation have/has provided false or untrue information or if the business or organisation is found not to have complied with the Registered Practice Code of Practice. | | | | |
| **Signed on behalf of the business or organisation:** |  | **Date:** |  | |

1. **SUPPORTING DOCUMENTS**

Please tick the boxes below to confirm that:

|  |  |
| --- | --- |
|  | You have attached a list of eligible employees[[2]](#footnote-3), their membership status and their job titles |
|  | You have attached a copy of your complaints policy[[3]](#footnote-4) |

1. **PAYMENT INFORMATION**

To find our latest application fees please visit our [registered practice page](https://cieem.net/i-am/registered-practices/cost-of-registered-practice-registration/).

**Please note** that should your application be successful, an invoice for your first year of Registered Practice status will be issued and payment is required according to the terms stated on the invoice. Registered Practice status will be subject to an annual renewal process and fee thereafter.

**Please provide invoicing details below:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Invoice to:** |  | **PO number:**  *(if applicable)* |  |
| **Invoice address:** |  | | |
| **Invoice email:** |  | | |

1. **APPLICATION CHECKLIST**

Please tick the boxes below to confirm that:

|  |  |
| --- | --- |
|  | You have signed the declaration and dated this application |
|  | You have included the correct invoicing details |
|  | You have checked your application |
|  | You have completed answers where applicable within the required word limits |
|  | You have appended all supporting documents as required |

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| **When you’re ready to submit your application, email a copy to:** [registeredpractices@cieem.net](mailto:registeredpractices@cieem.net)  If you have any queries regarding the application form or process, please contact the Secretariat on the above email or call the office on **01962 868626**. |

1. Please see [website](https://cieem.net/i-am/registered-practices/cost-of-registered-practice-registration/) for definition of relevant permanent and temporary employees and contractors [↑](#footnote-ref-2)
2. For a definition of relevant employees see our [website](https://cieem.net/i-am/registered-practices/cost-of-registered-practice-registration/) [↑](#footnote-ref-3)
3. For a model complaints policy see our [website](https://cieem.net/resource/registered-practices-model-complaints-policy/) [↑](#footnote-ref-4)