



# Application for Chartered Membership

**Personal Information Form  
Professional Review: Industry Route**

# How to complete this form

**It is important that you use the most up to date version of Adobe available.  
This form requires signatures for declarations and verifiers.**

## **How to fill, sign, and send your PDF form:**

This form requires your signature for the Declaration on page 5 and a verifiers signature on page 8.  
You can either print, sign and scan or use digital signatures.

## **Digital Signatures**

You can use the 'Fill and Sign' function on the PDF. However, after using this function you cannot make any changes, so do this last.  
Verifiers must sign by hand or use a digital signature. It is not possible for the verifier to use the Fill & Sign function.

# Introduction

## Personal Information Form

This form does not form part of the assessment and is not passed on to the assessors.

You may be contacted by CIOB in connection with the applicant's declaration if further information is required to progress your application.

Please fill out the form below and provide one photograph (recent, head and shoulders).

Name:

Membership Number:

Email:

Date of Birth (dd/mm/yyyy):

### UPLOAD PASSPORT PHOTOGRAPH

To upload your passport photo you will need to upload your photo as a PDF file. You can convert images to PDFs using this free software:

<https://smallpdf.com/jpg-to-pdf>

UPLOAD

**Checklist:** Please ensure the following are submitted as part of your application. These are not forwarded to an assessor and do not form part of the assessment process.

Organisation chart

CPD records if needed (please refer to the Guidance Notes)

Photo

### Submissions made through a PR Provider

If you are submitting your application through a PR Support Provider, please tick the box

I agree this document and the additional information is to be used by a third party training provider (named below) for the purpose of applying for Chartered Membership of the CIOB

### Privacy Statement

More information on how we manage your data can be found in our Privacy Notices – [www.ciob.org/privacy](http://www.ciob.org/privacy)

# Applicant's Declaration:

## 1 Royal Charter & Bye-Laws

I understand that I will be considered for the corporate class of membership and if admitted undertake to 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.

<https://www.ciob.org/about/who-we-are>

## 2 Criminal convictions

Do you have any unspent convictions that would fall within the relevant criminal convictions defined within Regulation 13 of the CIOB Disciplinary Regulations?

YES NO

If yes, please inform the Institute Secretary at [governance@ciob.org.uk](mailto:governance@ciob.org.uk)

## 3 Insolvency/Bankrupt

Are you an undischarged bankrupt or within the last three years been subject to any insolvency proceeding or other arrangements with creditors in respect of your debts (such as an Insolvency Voluntary Agreement)?

YES NO

If yes, please inform the Institute Secretary at [governance@ciob.org.uk](mailto:governance@ciob.org.uk).

## 4 Information on this application

**On signing this declaration, I declare:**

- That the information provided in this application form is true and accurate
- That the application form has been completed by myself
- That the photograph provided is a true likeness of myself

If at any time the CIOB discovers that you have failed to disclose any of the above or that you have provided false information, the CIOB reserves the right to investigate the matter under the CIOB Disciplinary Regulations.

Signature of applicant

Date (dd/mm/yyyy):

Should you have any queries regarding this Applicant Declaration please contact Customer Service on +44 (0) 1344 630 700

# Declaration & Plagiarism

I declare that this piece of written work is entirely the result of my own work and documents my own experiences. I have not copied in part or whole or otherwise plagiarised the work of other applications. I declare that I have not used Artificial Intelligence (AI) software to create this report, in part or whole. I understand that should this statement be found to be false, my application will be removed from the process and another application cannot be made for a period of 3 years.

Signature:

Date (dd/mm/yyyy):

## Support

There is a range of support available to you that is highlighted in the Guidance Notes. To help us understand how many people are accessing the support and which support is most effective, please select which support option you used, if any.

- |   |   |
|---|---|
| <input type="checkbox"/> CIOB Mentoring via the Pushfar platform      | <input type="checkbox"/> Attended a CIOB workshop |
| <input type="checkbox"/> Mentoring from a colleague                   | <input type="checkbox"/> None of the above        |
| <input type="checkbox"/> Submitted the application through a provider | <input type="checkbox"/> Other                    |

Of the options above, how effective was the support provided in preparing your application.

1 being not effective    2 fairly effective    3 highly effective.

- |   |   |
|---|---|
| <input type="checkbox"/> CIOB Mentoring via the Pushfar platform      | <input type="checkbox"/> Attended a CIOB workshop |
| <input type="checkbox"/> Mentoring from a colleague                   | <input type="checkbox"/> None of the above        |
| <input type="checkbox"/> Submitted the application through a provider | <input type="checkbox"/> Other                    |

# Current Employment Details

Company Name:

Job Title:

Company Address:

Date from:

Date to:

Employment Status

Permanent Employee

Self-Employed

Temporary Employee

Currently unemployed

Your Certificate

If successful, please indicate your preferred title for your certificate.  
This does not affect the designation MCIOB.

Your membership card is available as a physical card or a digital version.

Please state your preference.

Chartered Builder

Digital

Chartered Construction Manager

Physical

# Employer / Professional Member Declaration

Employer or Professional Member Declaration: (all sections need to be ticked, please use the additional box below, if more than one Employer or Professional Member Declaration is checking your submission).

I confirm that the photograph on this application is a true likeness of the applicant named:

I confirm I have read the PR Report and that the evidence provided in the sections are a true and accurate description of the competencies and work carried out by:

and the action plan provided is in place.

**A signature is required, please print this section, sign and scan and return with your application.  
An e-signature is acceptable.**

Please tick only the boxes you can confirm are true and accurate:

- |   |   |
|---|---|
| 1.1 Planning and Organising Work                          | 2.4 Leadership and Strategic Management/ Financial Management                               |
| 1.2 Managing Health and Safety and Welfare                | 2.5 Developing People or Teams  |
| 1.3 Managing Quality                                      | 2.6 Innovation  |
| 1.4 Implementing Sustainable Construction Development     | 3.1 Professional Judgement and Responsibility   |
| 1.5 Knowledge of Commercial, contractual and Legal Issues | 3.2 Commitment to abide by the Rules and Regulations of Professional Competence and Conduct |
| 2.1 Communication   | 3.3 Commitment of CPD   |
| 2.2 Decision Making                                       |   |
| 2.3 Managing Information                                  |   |

**EMPLOYER: MUST BE SOMEONE IN A MORE SENIOR POSITION TO YOU I.E. LINE MANAGER OR DIRECTOR**

Full Name:

Please state the capacity in which you know the applicant:

Signature of Employer:

Telephone:

Date (dd/mm/yyyy):

Email:

**OR**

FCIOB/MCIOB Signatory or Chartered Member of a professional body.  
Professional Body Name:

Please state the capacity in which you know the applicant:

Membership Number:

Telephone:

Full Name:

Email:

Signature of Chartered Member:

Date (dd/mm/yyyy):



**A second verifier is only needed if the first cannot verify all sections.**

I confirm that the photograph on this application is a true likeness of the applicant named:

and the action plan provided is in place.

I confirm I have read the PR Report and that the evidence provided in the sections are a true and accurate description of the competencies and work carried out by:

**Please tick only the boxes you can confirm are true and accurate:**

- 1.1 Planning and Organising Work
- 1.2 Managing Health and Safety and Welfare
- 1.3 Managing Quality
- 1.4 Implementing Sustainable Construction Development
- 1.5 Knowledge of Commercial, contractual and Legal Issues
- 2.1 Communication
- 2.2 Decision Making
- 2.3 Managing Information
- 2.4 Leadership and Strategic Management/Financial Management
- 2.5 Developing People or Teams
- 2.6 Innovation

- 3.1 Professional Judgement and Responsibility
- 3.2 Commitment to abide by the Rules and Regulations of Professional Competence and Conduct
- 3.3 Commitment of CPD

Full Name:

Signature of Employer:

Date (dd/mm/yyyy):

Please state the capacity in which you know the applicant:

Telephone:

Email:

**OR**

FCIOB/MCIOB Signatory or Chartered Member of a professional body.  
Professional Body Name:

Membership Number:

Full Name:

Signature of Chartered Member:

Date (dd/mm/yyyy):

Please state the capacity in which you know the applicant:

Telephone:

Email:



**CIOB**

The Chartered  
Institute of Building

V3\_June2023

Thanks for applying