

**PRIVATE AND CONFIDENTIAL**

## APPLICATION FOR ELECTION OR TRANSFER AS A NON-CORPORATE MEMBER

# TECHNICIAN MEMBER

Instructions for completing this Application Form

- Applicants should read both By-laws and Guidance Notes carefully before completing this form.
- Failure to give complete information may necessitate further correspondence and delay in the consideration of this application.
- The Institute reserves the right to take up any references with regard to this application.

### 1 CONTACT INFORMATION

#### PERSONAL

SURNAME		TITLE (Prof, Dr, Mr, Mrs, Ms, etc)	
OTHER NAMES			
DATE OF BIRTH (dd/mm/yy)		AGE	
COUNTRY OF BIRTH		NATIONALITY	
ADDRESS			
	Town	County	
	Country	Post Code	
TELEPHONE NUMBER		FAX NUMBER	
MOBILE TELEPHONE NUMBER		E-MAIL ADDRESS	

#### EMPLOYER

EMPLOYER'S NAME			
ADDRESS			
	Town	County	
	Country	Post Code	
TELEPHONE NUMBER		FAX NUMBER	
MOBILE TELEPHONE NUMBER		E-MAIL ADDRESS	

Address to be used for correspondence (Tick as appropriate)

Personal  Employer's

**PRESENT IOA MEMBERSHIP GRADE** (if any) Please specify \_\_\_\_\_

#### DATA PROTECTION ACT

The Institute of Acoustics will hold your personal data on its computer database and process it in accordance with the Act. This information may be accessed, reviewed and used by the Institute for administrative purposes such as processing your membership application, collecting subscriptions, mailing Acoustics Bulletin and keeping you informed of Institute activities.

#### OFFICE USE ONLY

DETAILS	DATE	INITIAL	DETAILS	DATE	INITIAL	NOTES
Date received			Req additional information			
Date acknowledged			Elected			
Certificates checked			Election letter			
Sponsors checked			Rejected			
Committee date			Rejection letter			
Council date						
Cmttee Memb YES <input type="checkbox"/> NO <input type="checkbox"/>	Initials		Cmttee Memb YES <input type="checkbox"/> NO <input type="checkbox"/>	Initials		<b>MEMBERSHIP NO</b>

**2 EDUCATIONAL, ACADEMIC AND PROFESSIONAL QUALIFICATIONS**

List, in chronological order, educational/academic establishments attended.  
 Give dates of attendance and course(s) completed with title and grade of award.  
 Enclose photocopies of all relevant further education (post 'A' level) certificates/awards with the completed application form.

**SECONDARY EDUCATION**

DATE		SCHOOL/COLLEGE	QUALIFICATION	SUBJECT	GRADES ACHIEVED
FROM	TO				

**FURTHER/VOCATIONAL EDUCATION**

DATE		UNIVERSITY/COLLEGE	SUBJECT	DEGREE/AWARD	GRADE	Verifying Initials of Proposer
FROM	TO					

**MEMBERSHIP OF OTHER PROFESSIONAL ORGANISATIONS**

DATE	ORGANISATION	Verifying Initials of Proposer

**OTHER RELEVANT INFORMATION**

(Applicants are invited, where appropriate, to provide any additional information in this space in support of their application. Use not more than one additional sheet if necessary)

DETAILS	Verifying Initials of Proposer

Continue on a separate sheet if necessary

**MEMBERSHIP OF ENGINEERING COUNCIL**

If you are registered with the Engineering Council then please tick    CEng     IEng     EngTech

Through which Institute are you registered \_\_\_\_\_ Registration Number \_\_\_\_\_

If you would like to receive information about Engineering Council registration then please tick

**3 PROFESSIONAL EXPERIENCE**

**TITLE OF PRESENT POSITION**

**DETAILS OF EXPERIENCE** (including present post)

This should be completed in chronological order giving appropriate dates and durations.

Applicants should indicate clearly the nature of the work undertaken (not merely state the job title) and should also make clear the level of responsibility attached to their work in acoustics. Failure to provide sufficient detail is likely to cause delay in processing or even outright refusal of the application.

Only experience relevant to this application should be included.

DATE		DETAILS	Verifying Initials of Proposer
FROM	TO		

Continue on a separate sheet if necessary

**PROFESSIONAL DEVELOPMENT**

Under the Code and Rules of Conduct, members undertake to upgrade their professional knowledge and skill and to maintain awareness of developments in their field. Applicants are invited to provide evidence of their professional development, if available, over the preceding year in support of their application. Such evidence may include :

- IOA Personal Professional Development Folio
- Equivalent Professional Development Records of other schemes
- Any evidence demonstrating professional development in accordance with A1.1 of the IOA Code and Rules of Conduct

Please tick  if you are submitting evidence of your professional development.

If you would like to receive details of the IOA Continuing Professional Development Scheme then please tick  or visit the IOA website.

#### **4 DECLARATION**

I declare that the information contained within this application is, to the best of my knowledge and belief, true and correct in every particular.

I authorise the taking up of any references by the Institute in connection with this application.

I, the undersigned, having applied for membership of the Institute of Acoustics, hereby declare that if elected I will be governed by the Articles, By-laws, Rules and Regulations of the Institute from time to time in force; and that whilst a member of the Institute, I will advance the aims and objects of the Institute as far as shall be in my power; I also undertake that I will forthwith cease to exercise any of the privileges of membership on receipt of a notice from the Honorary Secretary that in accordance with some one or more of the Articles I have been declared to be no longer a member of the Institute and I will forthwith, upon ceasing to be a member return any books, papers or other property belonging to the Institute, or for which the Institute is responsible, in my possession or entrusted to me. AS WITNESS my hand

Signed \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

#### **5 ATTESTATION BY PROPOSER**

I the undersigned, propose the candidate from personal knowledge, as a person *worthy of consideration* for admission to the class of Technician Member and I confirm, to the best of my knowledge and belief, the correctness of the information above which I have verified with my initials.

**PROPOSER** Signed \_\_\_\_\_ Date \_\_\_\_\_ 20\_\_

NAME		GRADE	
ADDRESS			
	Town	County	
	Country	Post Code	

#### **NOTES FOR SPONSORS (PROPOSER)**

- Applications for the grade of Technician Member require one Sponsor (the Proposer) who must be a corporate member of the Institute.
- In signing the attestation, Sponsors should note that they are not recommending acceptance of the individual application but indicating that the person is, in their view, worthy of consideration by the Membership Committee.
- Sponsors should have personal knowledge of the Applicant and should be able to verify the Applicant's academic qualifications and statements of experience. Sponsors should initial the relevant entries in the appropriate boxes on pages 2 & 3.
- Sponsors should ensure that the Applicant has provided sufficient detail in each section of the application form to allow the Membership Committee to obtain a clear picture of the Applicant's academic background, professional competence and level of responsibility.
- Sponsors should only initial statements made by the Applicant of which they have first hand knowledge. If they are unable to support the Details of Experience claimed by the Applicant, the Applicant should be advised to obtain a supporting statement from his/her employer/supervisor.
- Sponsors should verify the academic awards of the Applicant by examining the original certificates before initialling each entry.
- The Membership Committee reserves the right to approach Sponsors for further information concerning the Applicant and Sponsors should be prepared to provide a confidential report on the Applicant if requested to do so.