

**IPEM**

Application for Registration for the Continuing Professional Development Programme

First Names:		Surname:					
Title:	Prof <input type="checkbox"/> Dr <input type="checkbox"/> Eur Ing <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Date of Birth:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				

Work Address, including department		
	Telephone:	
	Fax:	
	E-mail:	
	Postcode:	

Present Appointment:			
Employer:			
Employment Grade			
Specialist Area:			
IPEM Grade:		Membership No.	

Professional Manager		Mentor	
Name:		Name:	
Work Address:		Work Address:	

<p>I wish to apply for registration with IPEM for its Continuing Professional Development Scheme</p>												
						<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 50px;">Date:</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>	Date:					
Date:												
<p>(Signature of Applicant)</p>												
<p>Please send your completed form (and for non IPEM Members an annual registration fee of £25) to:</p> <p style="text-align: center;">CPD Registrar, IPEM, Fairmount House, 230 Tadcaster Road, York, YO24 1ES</p>												

For office use only	Date Registration Fee received			Date Information Pack sent out			
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