

APPLICATION FOR VALIDATION AS  
A CHARTERED SCIENTIST



*Read Guidance notes before completion.*

First Names:						Surname:												
Title:	Prof <input type="checkbox"/>	Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>	_____				Date of Birth:	D	D	M	M	Y	Y
Gender:	<input type="checkbox"/> M <input type="checkbox"/> F																	

Home Address		Current employment	
		Position:	
		Address:	
Postcode:		Postcode:	
Telephone:		Telephone:	
Fax:		Fax:	
E-mail:		E-mail:	
Mail should be sent to:	<input type="checkbox"/> Home Address		<input type="checkbox"/> Work Address

Professional Membership			
CSci application through:	Institute of Professional Soil Scientists		
Membership Category		Date admitted:	D D M M Y Y
Membership Number:	Existing Chartered Designations:		

Memberships of other professional or learned bodies	
Name of Organisation	Class of membership and year elected

Please state below your particular field of expertise (maximum of three)

**Academic Qualifications (Degree/ Post Graduate)**

Award	Subject	Class	Year	Awarding Body	Place of Study

**Experience/ Occupations**  
In chronological order giving employers name, address, dates and nature of duties

From	To	Description

Continue on a separate sheet if required

**Declaration by Present Employer/ Head of Department**

I confirm that to the best of my knowledge the previous account of scientific experience is correct

Name (in Block capitals)

Organisation

Signature

Date

**Professional Report**

Please describe, in no more than 2 sides of A4 and under the below headings, how your training and work experience meet each of the Chartership Criteria. Cross refer to the professional documents that you submit highlighting specific examples within these documents that demonstrate your competence in each

1) An appreciation of the scientific method

Verification by  
signatories  
(date and initials)

2) An ability to obtain, process and critically evaluate scientific data

Verification by  
signatories  
(date and initials)

<p>3) An ability to communicate clearly verbally and in writing</p>	<p>Verification by signatories (date and initials)</p>
<p>4) A clear understanding of the meaning and needs of professionalism</p>	<p>Verification by signatories (date and initials)</p>
<p>5) An awareness of health and safety issues and other statutory obligations applicable</p>	<p>Verification by signatories (date and initials)</p>

6) A knowledge and understanding of the Code of Conduct	Verification by signatories (date and initials)
7) A commitment to continuing professional development	Verification by signatories (date and initials)
The candidate must sign at the end of the professional report	Date
Signed	
<b>List of professional documents</b> List by number all the professional documents submitted in support of this application <i>(continue on a separate sheet if necessary)</i>	
<b>Document number</b>	<b>Title</b>
1	CPD records (at least 1 years CPD record to be supplied by all candidates)
2	Explanation of demonstration of competence (to be provided by all candidates)

**List of signatories to the professional report**

Each signatory must be a supervisor, employer or other appropriate person who has personal knowledge of the applicants work

Document number(s)	Name and address of signatory	Relationship to candidate and Membership of professional organisations

**Sponsorship**

I have asked the following individuals to sponsor my application to become a Chartered Scientist and have provided each of their signed and sealed Sponsors statements under separate cover.

Sponsor 1		Sponsor 2	
Name:		Name:	
Address:		Address:	
Postcode:		Postcode:	
Telephone:		Telephone:	
E-mail:		E-mail:	
Position		Position	
Relationship to applicant		Relationship to applicant	
How long known		How long known	

### Applicant Declaration

I wish to apply for registration as a Chartered Scientist and declare that the information I have given in this application is, to the best of my knowledge, accurate and true. I agree to abide by the Code of Conduct issued by the Institute of Professional Soil Scientists and published on their website. I accept that any breaches of the Code of Conduct will be dealt with under disciplinary procedures. I further agree that I shall pay such dues as are required of me on or before the specified dates and in the manner prescribed by Council.

I enclose my application fee of £20

Cheque      Credit card (form attached)

Signed:

Date:

Data protection – The Institute of Professional Soil Scientists, as a licensed body of the Science Council, is required to transfer information on this form to the Science Council. Your details will be held on the Science Council Register. This publically available register will include your name, licensed body and Chartered Scientist number. The Science Council may wish to use the information you supply in order to be able to communicate with individuals effectively. Chartered Scientists have the right of access to the personal data held on them by the Science Council and the right to prevent its use for direct marketing purposes. The Science Council may, from time to time, execute mailings on behalf of suppliers of goods and services considered to be relevant to professional in

**Please send your completed form and supporting documents to:**

**Membership Services  
Institute of Professional Soil Scientists  
Building 53, Cranfield University  
Cranfield, Bedfordshire, UK  
MK43 0AL  
e-mail: [membership@soils.org.uk](mailto:membership@soils.org.uk)**