

CIOB APPLICATION FOR CHARTERED MEMBERSHIP



MEMBERSHIP NUMBER: FULL NAME:

PART 1 B APPLICANT STATEMENT

What becoming MCIOB means to me and what would I expect to contribute?

PART 2 EMPLOYMENT DETAILS

Please attach:

- A current copy of your job description
- A copy of your most recent CV
- Organisation chart
- CPD record for last 12 months (only required if you have been in membership for a year or more).
- One year forward action plan (this should include personal and company objectives).

EMPLOYMENT DETAILS:

Company name:

Position in company:

Company address:

Employment type: Date from: To:

Email:

Phone: Mobile:

SELF-EMPLOYMENT DETAILS:

Company name:

Address:

Email:

Phone: Mobile:

Company registration number:

PART 3

TRAINING AND DEVELOPMENT

Below please enter the training objectives your company set you at your last appraisal/development meeting.

TYPE OF TRAINING	DURATION	COMPLETION DATE

UNEMPLOYED

CAREER PLAN

Development need:

How development need will be satisfied:

What will this enable you to do?

PART 4

COMPETENCE REPORT

Please demonstrate your competence on each of the following by reference to your most recent achievements at work (last three years) whether employed or self-employed.

SECTION I – Occupational Competence

COMPETENCE 1.1 Planning & organising work

Project date:

KNOWLEDGE/EXPERIENCE – Level attained

VERIFIED & SIGNED

Name:

Contact email:

Capacity in which you are known to the applicant:

Signature:

COMPETENCE 1.2 Managing health & safety & welfare

Project date:

KNOWLEDGE/EXPERIENCE – Level attained

VERIFIED & SIGNED

Name:

Contact email:

Capacity in which you are known to the applicant:

Signature:

PART 4

COMPETENCE REPORT

SECTION I – Occupational Competence

COMPETENCE 1.3 Managing quality

Project date:

KNOWLEDGE/EXPERIENCE – Level attained

VERIFIED
& SIGNED

Name:

Contact email:

Capacity in which you are known to the applicant:

Signature:

COMPETENCE 1.4 Implementing sustainable construction development

Project date:

KNOWLEDGE/EXPERIENCE – Level attained

VERIFIED
& SIGNED

Name:

Contact email:

Capacity in which you are known to the applicant:

Signature:

PART 4

COMPETENCE REPORT

SECTION I – Occupational Competence

COMPETENCE 1.5 Knowledge of commercial, contractual and legal issues

Project date:

KNOWLEDGE/EXPERIENCE – Level attained

VERIFIED
& SIGNED

Name:

Contact email:

Capacity in which you are known to the applicant:

Signature:

PART 4

COMPETENCE REPORT

SECTION 2 – Management Competence

COMPETENCE 2.1 Communication

Project date:

KNOWLEDGE/EXPERIENCE – Level attained

VERIFIED
& SIGNED

Name:

Contact email:

Capacity in which you are known to the applicant:

Signature:

COMPETENCE 2.2 Decision making

Project date:

KNOWLEDGE/EXPERIENCE – Level attained

VERIFIED
& SIGNED

Name:

Contact email:

Capacity in which you are known to the applicant:

Signature:

PART 4

COMPETENCE REPORT

SECTION 2 – Management Competence

COMPETENCE 2.3 Managing information

Project date:

KNOWLEDGE/EXPERIENCE – Level attained

VERIFIED
& SIGNED

Name:

Contact email:

Capacity in which you are known to the applicant:

Signature:

COMPETENCE 2.4 Leadership and strategic management/financial management

Project date:

KNOWLEDGE/EXPERIENCE – Level attained

VERIFIED
& SIGNED

Name:

Contact email:

Capacity in which you are known to the applicant:

Signature:

PART 4

COMPETENCE REPORT

SECTION 2 – Management Competence

COMPETENCE 2.5 Developing people or teams

Project date:

KNOWLEDGE/EXPERIENCE – Level attained

VERIFIED & SIGNED

Name:

Contact email:

Capacity in which you are known to the applicant:

Signature:

COMPETENCE 2.6 Innovation

Project date:

KNOWLEDGE/EXPERIENCE – Level attained

VERIFIED & SIGNED

Name:

Contact email:

Capacity in which you are known to the applicant:

Signature:

PART 4

COMPETENCE REPORT

SECTION 3 – Commitment to Professionalism

COMPETENCE 3.1 Professional judgement and responsibility

Project date:

KNOWLEDGE/EXPERIENCE – Level attained

VERIFIED
& SIGNED

Name:

Contact email:

Capacity in which you are known to the applicant:

Signature:

COMPETENCE 3.2 Commitment to Code of Ethics (including CPD)

Project date:

KNOWLEDGE/EXPERIENCE – Level attained

VERIFIED
& SIGNED

Name:

Contact email:

Capacity in which you are known to the applicant:

Signature:

COMPETENCE 3.3 Commitment to CPD

Project date:

KNOWLEDGE/EXPERIENCE – Level attained

VERIFIED
& SIGNED

Name:

Contact email:

Capacity in which you are known to the applicant:

Signature:

PART 5 EMPLOYER/VERIFIER STATEMENT

Please complete in **BLOCK CAPITALS**

The evidence provided to demonstrate the competences above are a true and accurate description of the work carried out by

I also confirm the training and development plan provided is in place.

Full name:

Employer/verifier signature: Date:

Telephone number:

Email address:

OR

MCIQB Signatory or Chartered Member of a professional body (where applicant is self-employed)

Full name:

Signatory: Date:

Professional body name:

Professional body membership number:

Telephone number:

Email address:

Note: Employers may be contacted by telephone to discuss the competence aspects of this application