

Professional Review Timetable 2017/2018

The timetable below shows the deadlines for candidates wishing to apply for the **Associate-Member Professional Review** (Interview and Exam):

1. Candidates based in Hong Kong must submit Form AM for Associate-Membership by 1 April 2017.
2. All candidates (excluding those in Hong Kong) who are already Graduate members must submit Form AM for Associate-Membership by 1 September 2017.
3. All submissions to the Institution, irrespective of the IPD route followed must contain:
 - Form AM
 - A two-page experience report
 - IPD Final Report form for each of the 13 core objectives
 - Interview fee £150
 - Application fee of £95

N.B. Please **do not** send your IPD quarterly reports forms, progress summary records, training records or portfolios of work to the Institution.

4. If you are **not** already a Graduate member, you must also submit:
 - Photocopies of your degree certificate/s (and transcript/s*)
 - Graduate Subscription:
 - For Hong Kong candidates £117.00 – pro rata rate for April
 - For the rest of the world £52.00 – pro rata rate for September

*If your degree/s are not accredited or recognised, you will require an academic assessment and all certificate/s and transcript/s must be signed and verified as true copies. The fee for an academic assessment is £140.00.
5. Applications can be emailed to the Institution to pri@istructe.org. This is the preferred method. If you are emailing your application, please **do not** send it in the post. If you are posting your application, please do not bind your application other than the use of paper-clips and ensure that your application is single sided.
6. Upon receipt of your application, it will be checked, processed and acknowledged by email.
7. Once all applications have been processed, they are sent to your Regional Group who will then contact you to confirm date, time and venue of your interview and to

inform you to whom you must send two copies of your IPD quarterly report forms and progress summary records or full training records if you are following the Individually Managed Route or Accredited Training Scheme Route respectively. A portfolio of work is required for all routes.

8. Professional Reviews for Hong Kong are normally held between June and August each year.
9. Professional Reviews for the rest of the world are normally conducted between November and December each year. However, the timing of the interviews will be at the discretion of the Regional Group and will depend largely on the number of interviews to be conducted and the availability of reviewers.
10. Following the interview, the Reviewers' Summary Form will be returned to the Institution where it will be reported to the Applications and Professional Review Panel and the Membership Committee. We will aim to notify you of the outcome of the interview by email in January 2018.
11. Candidates who are successful in the interview will automatically receive an Examination Entry Form which should be completed and returned to the Institution by the specified deadline.
12. The Associate-Membership examination is held in July each year
13. Examination scripts are marked and moderated through the three months following the examination with results published in October following the July examination.
14. Candidates who pass the Associate-Member Examination are normally elected to Associate-Member (AMIStructE) at the first available election meeting – December.

Form AM: Application for approval to enter the Associate-Membership Professional Review (and election to Student/Graduate Membership, if appropriate)

Regulations for Associate-Membership

Before completing this application form applicants must have read the regulations governing admission or transfer to Associate-Membership. These can be found at www.istructe.org.

1 Candidate's personal details (to be completed in block letters)	
Surname/family name:	Title: Mr/Dr/Mrs/Miss/Ms/other:
Forenames/other names:	Date of birth:
Previous surname (please provide proof):	
Full communication address:	Telephone number (work):
	Telephone number (home):
	Telephone number (mobile):
	Nationality:
Postcode/zip code:	Membership number (where applicable):
E-mail (primary contact):	E-mail (secondary contact):

2 Employment details	
This section may be left blank if you are currently unemployed or self-employed.	
Company name:	Current employment position:
Address:	
Postcode/zip code:	
I, the employer, confirm that the applicant is currently employed by the above company and certify that to the best of my knowledge and belief the particulars given by the applicant are correct.	
Name (in block capitals):	Position:
Signature:	Date:
Institution membership number (if applicable):	

3 Statement by three supporters

We, the undersigned, from our personal knowledge of the candidate consider that, subject to the completion of the appropriate requirements, he/she is a fit and proper person to be admitted/transferred to membership of The Institution of Structural Engineers.

1	Signature:	Date:
	Name (in block capitals):	
	Membership number:	Length of time I have known the applicant:
2	Signature:	Date:
	Name (in block capitals):	
	Membership number:	Length of time I have known the applicant:
3	Signature:	Date:
	Name (in block capitals):	
	Membership number:	Length of time I have known the applicant:

At least one of the supporters must be a Fellow (FIStructE), the other two can be from the following grades of membership of The Institution of Structural Engineers: Fellow (FIStructE), Member (MIStructE), Associate (AIStructE) or Associate-Member (AMIStructE). The supporters should ensure that all sections of the application are properly and legibly completed by the candidate. Where the candidate does not know sufficient Chartered Members of the Institution, he/she should contact the Membership Department at the address overleaf.

4 Education. Please complete this section even if already a Graduate Member.

Name of academic institution e.g. University of London	Full name of course including relevant discipline and grade achieved, indicating full or part time. e.g. MEng Civil Engineering (full time)	Date of commencement. e.g. 01/09/04	Date of completion. e.g. 01/07/08

Qualification/s disclaimer: I agree that the university/college(s) from which I graduated may release details of my qualifications to The Institution of Structural Engineers and I agree that if any of the qualifications I have claimed are found to be false my application will be rejected. The Institution of Structural Engineers may inform your employer, any other professional bodies of which you are a member and any qualifying body from which you claimed a false qualification, and The Institution of Structural Engineers may also provide copies of the documents containing these false details to these parties.

Signature:	Date:
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Official use only: Academic qualifications approved for Associate-Membership Yes No

5 Membership and grade of other professional bodies e.g. ICE, HKIE, etc.

Please state:

6 Disability declaration

I wish to inform the Institution of a disability:

Disability:	Signature:
	Date:

7 Professional Review Interview location (UK Candidates only)Please choose **three** locations where you would be willing to be interviewed other than your current location

<input type="checkbox"/> Aberdeen & Offshore	<input type="checkbox"/> Peterborough
<input type="checkbox"/> Bedfordshire & Adjoining Counties	<input type="checkbox"/> Republic of Ireland
<input type="checkbox"/> Chester & North Wales	<input type="checkbox"/> Scotland
<input type="checkbox"/> Devon & Cornwall	<input type="checkbox"/> South Eastern Counties
<input type="checkbox"/> East Anglia	<input type="checkbox"/> Southern
<input type="checkbox"/> East Midlands	<input type="checkbox"/> Surrey
<input type="checkbox"/> Lancashire & Cheshire	<input type="checkbox"/> Thames Valley
<input type="checkbox"/> Midland Counties	<input type="checkbox"/> Wales
<input type="checkbox"/> North Thames	<input type="checkbox"/> Western Counties
<input type="checkbox"/> Northern Counties	<input type="checkbox"/> Yorkshire
<input type="checkbox"/> Northern Ireland	

8 Initial Professional Development (IPD)

All applicants seeking approval to enter the Associate-Membership Professional Review must have satisfied all the requirements of the 13 core objectives as specified in the IPD regulations of the Institution.

8.1 IPD Route

Please tick the appropriate box below, indicating which route you have followed in satisfying the IPD requirements.

The documentation listed **MUST NOT** be sent to the Institution with the application form or the rest of your submission paperwork. Please await further instructions from your Regional Group which will inform you, in writing, of the address you need to send the documentation to.

- Individually Managed
- Completed IPD Quarterly Report Forms
 - Completed Progress Summary Record
 - Personal development record in the form of a diary (optional)
 - Two copies of a comprehensive portfolio of work (not exceeding a standard A4 folder, 40 mm (single-sided) or 25 mm (double-sided)).
- Accredited Training Scheme
- A full record of your training agreement.
 - Two copies of a comprehensive portfolio of work (not exceeding a standard A4 folder, 40 mm (single-sided) or 25 mm (double-sided)).
- Retrospectively Collated Route
- Two copies of a comprehensive portfolio of work (not exceeding a standard A4 folder, 40 mm (single-sided) or 25 mm (double-sided)).

Further details regarding IPD can be obtained from www.istructe.org

9 Supporting Documentation

Have you included:

- Proof of change of name (if applicable)
- A two page experience report
- IPD Final Report Forms for each of the 13 core objectives
- Application and Interview fees (refer to our website: www.istructe.org). See section 11 on how to make payment.

If you are not already a Graduate Member you will also need to submit the following:

- Photocopies of your degree certificates (if not already a Graduate Member) (Please provide English translations if not already included)
- Graduate subscription fee (refer to our website: www.istructe.org). See section 11 on how to make payment

If your qualifications are not accredited you will also need to submit the following:

- Certified and translated photocopies of your academic transcripts*
- Academic assessment fee (refer to our website: www.istructe.org). See section 11 on how to make payment.

*Your certificates/academic transcripts must be certified to confirm that they are authentic copies of the originals (by your employer, university or professional individual).

10 Candidate's declaration and undertaking

This form of undertaking is to be completed by any candidate for admission or transfer to any class of membership of the Institution other than Honorary Fellow in accordance with the provisions of bye-law 1.13.1

CPD - The Institution's Code of Conduct requires members to "Maintain and broaden their competence, and assist other to do so." All members elected to a professional grade (Technician, Associate-Member, Associate, Chartered Member, Fellow) must comply with the Institution's mandatory reporting of CPD policy. Payment of your subscription confirms that you have satisfied your CPD obligation – normally 90 hours over a three year period.

For information on the policy, activities that the Institution recognises as CPD and other organisations whose CPD is recognised by the Institution, please visit the CPD section on the website.

I have read the charter, the bye-laws and the code of conduct. Whilst I am a member I undertake to be governed by the laws of the Institution for the time being in force, and to accept as final and binding decisions of the Board and the Institution on all matters in which they have jurisdiction. I also undertake to promote the objects of the Institution; to attend Institution meetings as often as I conveniently can, and to endeavour to present to the Institution an original communication relating to structural engineering. I further undertake that, upon the cessation of my membership, I will cease to describe myself in any way as a member of The Institution of Structural Engineers. I have no criminal conviction unspent within the relevant jurisdiction. I am not subject to a bankruptcy order, restriction or undertaking. I have not been subject to an adverse finding by another organization. There is no further matter that may affect consideration of my application. I agree to the Institution processing data relating to my membership and (where necessary) transferring such data outside the United Kingdom.

Signature:

Date:

11 Payment

If you are emailing your application to the Institution please **do not** include your card details. If sending your application via post, you can include debit/credit details on the downloadable authorisation form.

- I would like to pay online. (Instructions will be provided once your application has been processed)
- I would like to pay over the phone. (You will be contacted once your application has been processed or alternatively you can contact the Membership Department on +44 (0)20 7235 4535)

Cheque/bankers draft: this must be in pounds sterling, payable to 'The Institution of Structural Engineer's and drawn on a UK bank.

Disclaimer: The information you provide on this form is required to enable The Institution of Structural Engineers and its Regional Groups to communicate relevant information/services to its members. Once you have been elected, you have the facility to amend your contact details and preferences via the 'my account' section on the website.

Credit/debit card authorisation form*

*If you are emailing your application to the Institution or wish to make payment online, please **do not** include your card details. We will contact you once your application has been processed to request payment or provide you with further instructions on how to pay online.

I,	
hereby authorise The Institution of Structural Engineers to debit my credit/debit card to the value of £	
Card type e.g. VISA/MasterCard:	Expiry Date:
Card Number:	Issue number (if applicable):
Start date (if applicable):	Security Code (last 3 digits on the signature strip):
<input type="checkbox"/> Please tick the box if you require a receipt for payment	
Signature:	Date:

For office use only:				
Membership no:				
Payment for:	<input type="checkbox"/> Annual subscription	<input type="checkbox"/> Application fee	<input type="checkbox"/> Engineering Council fee	<input type="checkbox"/> PRI fee
	<input type="checkbox"/> ICP(AQP) fee	<input type="checkbox"/> Technical report (A)	<input type="checkbox"/> Technical report (B)	<input type="checkbox"/> Late fee
	<input type="checkbox"/> Exam fee	<input type="checkbox"/> Other		