



APPLICATION FOR MEMBERSHIP

Before completing this form please read the Notes for Guidance for Applying. All relevant sections of the following form must be completed, even when additional information is provided on a separate sheet. New members apply to join on the basis that the appropriate grade of membership will be awarded by the Institute on acceptance, and that the grade will be determined by the details supplied on this form. Completed applications should be emailed through to memberships@istonline.org.uk or posted to the address at the foot of this page.

When the applicant is notified of the grade of membership offered by the Institute a request for the appropriate membership fee will be made.

To comply with new general data protection legislation (GDPR) we require your consent to process information and to hold it on our systems. Personal details collected in respect of applications will be treated in the strictest confidence and every effort is made to ensure that data are held securely.

Please accept my application for membership with the Institute of Science and Technology.

By ticking this box, I agree to my details being passed to individuals involved in the application review process. If accepted as a member, I agree to abide by the Code of Professional Conduct issued by the Institute of Science & Technology and accept that any breaches of the rules or the Code of Professional Conduct will be dealt with under disciplinary procedures. I have seen and agree to the collection and use of my personal information as detailed in the IST's GDPR Policy.

Please check

Both the Code of Professional Conduct and IST GDPR Data Protection and Privacy Policy can be found on the memberships page on the IST webpage (<https://istonline.org.uk/membership/>).

In addition to our twice-yearly Journal publication we may also send you information periodically about our services and events by email or post. Please indicate your preferred method of communication:

Email Post Do not send me news, events or activities information

Signed: Date:

PERSONAL DETAILS

Family name:		Other names:	
Title (Dr/Mr/Mrs/Miss/Ms):		Date of Birth:	
Email address:			
Telephone:			
Home Address: - Please check box if this is your preferred correspondence address <input type="checkbox"/>			

A. DETAILS OF PRESENT POST

Job Title:		Date of Appointment:	
Employer Name:			
Employer Address: - Please check box if this is your preferred correspondence address <input type="checkbox"/>			
Email:			
Discipline / Area of work:			
Brief details of practical work undertaken in the year prior to application:			

B. PREVIOUS EMPLOYMENT HISTORY

Start Date	End Date	Employer:	Summary of Work / Status / Title / Discipline:

C. QUALIFICATIONS

Give details below of any examinations passed, prizes or scholarships awarded etc. <i>(Documentary evidence must be forwarded with this form, scanned images in jpg format are acceptable)</i>		
Date:	Examinations/Prizes/Scholarships etc:	Institution:

D. COURSES AND OTHER RELEVANT DETAILS

Give details below of any courses you have, or are attending, membership of other professional bodies, published work etc.	
Date:	Courses / Professional Bodies / Publications etc:

E. REFEREE

<i>Give name, qualifications and full address of your Head of Department / Supervisor, who need not be a member of the Institute, who knows you personally and who would confirm the particulars on this form and who would support your application for membership of the Institute.</i>	
Name:	
Position:	
Organisation:	
Qualification(s):	
Email:	
Address:	

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