



## APPLICATION FOR REINSTATEMENT OF 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. Reinstated members would normally rejoin the Institute at the same grade as held previously. Where a higher grade is appropriate it will be awarded on the basis of 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.*

*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 reinstatement. I agree to my details being passed to individuals involved in the application review process. If accepted for reinstatement, 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

Signed: ..... Date: .....

### PERSONAL DETAILS

Membership Reg No:	Previous Grade:
Title (Dr/Mr/Mrs/Miss/Ms):	Surname:
Other Names:	Date of Birth:
Email address:	
Telephone:	
Home Address : - please tick box if this is your preferred correspondence address <input type="checkbox"/>	

## B DETAILS OF PRESENT POST

Job Title:	Date of Appointment:
Employer:	
Employer Address: : - please tick 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:	

## C PREVIOUS EMPLOYMENT HISTORY

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

## D 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:

## E 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:

## F REFEREE

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.	
Name:	Position:
Organisation:	
Qualification(s):	
Email:	
Address:	