

INSTITUTE OF CORROSION
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CHARTERED SCIENTIST APPLICATION

For Office Use Only

<u>Individual Application Number</u>	<u>CSA</u>	<u>Date of Award</u>	
<u>Individual Registration Number</u>	<u>COR/113/</u>	<u>Date for Renewal</u>	

(Please TYPE or PRINT in black ink. This form is available in e-format from <http://www.icorr.org>.
 Please note that this form will be photocopied.)

PERSONAL INFORMATION

Title		Margin to be used by referees to initial verification
Surname		
Personal Names in full		
Present Grade of Membership (if any)		
Membership Number		
Date of Joining The Institute of Corrosion		
Designatory Letters (e.g. BSc, MICorr, FICorr etc)		
Existing Chartered Designations (e.g. CEng)		
Memberships of other Professional or Learned Bodies		
Gender		
Age		
Date of Birth		
Telephone Home		
Business		
Mobile		
Fax Home		
Business		
Private Address (Including Postcode)		
Business Address (Including Postcode)		

WHICH ADDRESS DO YOU WANT **MAIL** SENT TO: Home / Business (Delete as applicable)

EMAIL Address:

Home

Business

WHICH ADDRESS DO YOU WANT **EMAIL** SENT TO: Home / Business (Delete as applicable)

EDUCATION

Institution attended	Dates	Subject studied	Qualifications obtained	Year awarded	Margin to be used by referees to initial verification

CRITERIA FOR CHARTERED SCIENTIST

Please detail how you fulfil all the following criteria (Please see the Guidance Notes) and show how, either through your field of study or professional practice, you:

	Margin to be used by referees to initial verification
1. Are able to demonstrate a systematic understanding of Corrosion Science knowledge	
2. Have dealt with complex scientific issues, both systematically and creatively	
3. Have exercised self-direction and originality in problem solving in Corrosion Science	

	Margin to be used by referees to initial verification
4. Have made sound science-related judgements in the absence of complete data	
5. Have communicated your conclusions clearly to both specialist and non-specialist audiences	
6. Have exercised substantial personal authority in planning and implementing Corrosion Science tasks at a professional level	

	Margin to be used by referees to initial verification
7. Possess a critical awareness of Corrosion Science current problems or new insights	
8. Continue to advance your knowledge, understanding and competence of Corrosion Science to a high level	
Please give details of at least four years postgraduate level (M-level, see Guidance Notes) experience in the practice, application or teaching of corrosion and / or other science subjects, of which two years experience must be immediately prior to this application to demonstrate your current professional practice.	
The above details may be expanded in your Professional Report (See Guidance Notes), which <u>must accompany your application</u> or Professional Interview (if asked to attend).	

	Margin to be used by referees to initial verification
<p>Please use the following space if there is any additional information that you feel is relevant to your application that is not covered elsewhere in this application.</p>	

REFEREES

Any Professional Member or Fellow of the Institute of Corrosion, preferably holding CSci or CEng, who has known the Applicant personally for a minimum of three years, may act as Referee. Two Referees are required.

To be completed by the Referees personally after verifying the content of this application.

Referees should initial in the margins of this form and the copied certificates to indicate those statements for which they can testify.

I confirm that I have read the Criteria for Chartered Scientist (Page 3-5 of this application form) and I recommend that the applicant, to the best of my knowledge and belief, is a fit person to be registered as a Chartered Scientist through the Institute of Corrosion. I agree on request of the Institute of Corrosion to provide a confidential written reference.

Referee 1		ICorr Grade	
Name		CSci / CEng *delete as appropriate	
Address		Signature	
		Date	
Tel No		Email	

Referee 2		ICorr Grade	
Name		CSci / CEng *delete as appropriate	
Address		Signature	
		Date	
Tel No		Email	

For office tracking and recording

Name					
Individual Application Number	CSA			Date of Award	
Individual Registration Number	CS			Date for Renewal	
	Checked by	Date		Checked By	Date
Received			Council (PAC)		
MICorr/FICorr			Certificate		
Subs paid			CSci register		
Fee paid					
Acknowledged					
Referees					