

# THE INSTITUTE OF MATHEMATICS AND ITS APPLICATIONS

## Application Form For Chartered Mathematician Designation

Please read the notes on applying for designation overleaf before completing this form. Use block capitals where possible.

### Personal Details

\*Male/Female Title: ..... Surname or Family Name: .....  
*\*delete as appropriate*

Forename(s): .....

Date of Birth: ..... Nationality: .....

Most recent grade of Membership: .....

### Addresses:

Home Address: .....  
.....

Tel No: ..... Fax No: ..... Email: .....

Business Name & Address: .....  
.....

Tel No: ..... Fax No: ..... Email: .....

Please state preferred mailing address \*Home/Business

Please state preferred email address \*Home/Business

*\*delete as appropriate*

Will your employer pay for or reimburse your subscription?: .....

### Conditions of Membership

I understand that if I wish to withdraw from the designation I must notify the Executive Director of the Institute in writing.

I confirm that the details provided in this application are correct. I apply for the designation of Chartered Mathematician. I agree to maintain and develop my professional skills and competences through a regular programme of continuing professional development.

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

### FOR OFFICE USE ONLY

Grade Applied for: ..... ID: ..... Membership No: .....

Date	TF/EF	SUB	Qualification	List	Decision	Conclusion

## NOTES ON APPLYING FOR THE CHARTERED MATHEMATICIAN DESIGNATION

Please read these notes before completing and returning your application form:

### MEMBERSHIP STATUS

All applicants for the Chartered Mathematician designation must be Fellows or Members of the Institute.

### FEES

An application fee must accompany the form.

Any additional fee levied for the designation will be charged with your annual subscription.

### EVIDENCE OF QUALIFICATIONS

Applicants must provide documentary evidence of qualifications including transcripts of degree where appropriate.

### OTHER POINTS

The acquisition of the Chartered Mathematician designation alters a member's obligation under the Institute's Code of Professional Conduct. The designation also enhances the expected level of professional competence.

The Institute has a right to refuse the award of the designation without assigning any reason.

### INSTITUTE DETAILS

Tel: 01702 354020

Fax: 01702 354111

Email: [membership@ima.org.uk](mailto:membership@ima.org.uk)

World Wide Web: <http://www.ima.org.uk>

Address: The Institute of Mathematics and its Applications  
Catherine Richards House  
16 Nelson Street  
SOUTHEND-ON-SEA  
Essex  
SS1 1EF  
United Kingdom

Please return your completed application form **with your payment** to the address listed above.

The data you provide will be stored electronically and used only for institute purposes.

Applicants are required to demonstrate that they can satisfy both educational and initial professional development requirements.

### Part 1:

**Educational Requirements:** Applicants must have:-

- (i) obtained, at least, a three year honours degree in which two thirds or more of the course is mathematics or
- (ii) obtained a degree with less than two thirds mathematics, but can demonstrate the subsequent acquisition of mathematical training appropriate to their employment.

**Qualifications** (Post GCE A Level equivalent):

University/College: .....

Qualification: .....

Main Subject(s): .....

Class or Distinction: .....

Date of award: .....

**Part 1 continued:**

University/College: .....

Qualification: .....

Main Subject(s): .....

Class or Distinction: .....

Date of award: .....

University/College: .....

Qualification: .....

Main Subject(s): .....

Class or Distinction: .....

Date of award: .....

If you wish to apply under paragraph (iii) please provide a full statement of the training received. Continue on a separate sheet if necessary.

**Part 2**

**Referee (s)**

*Note: Applications require two referees. All referees will receive a written request for a reference that can be forwarded to the Membership Committee.*

All referees should

- have detailed knowledge of the your work and
- be more senior, or of equal seniority but working for a different organisation than yourself

Name .....

Address .....

IMA grade (if any) .....

Other professional qualification (if any) .....

In my opinion the candidate meets the requirements for the Chartered Mathematician designation

Signature .....

Name .....

Address .....

IMA grade (if any) .....

Other professional qualification (if any) .....

In my opinion the candidate meets the requirements for the Chartered Mathematician designation

Signature .....

**Part 3:**

**Initial Professional Development**

Applicants are required to demonstrate that they have five years post graduate professional experience including two years in an employed capacity requiring application of their knowledge of mathematics.

Company/Institution

Post/occupation

Start/finish dates

**Professional Report**

Please detail your post graduate training and experience and how you use your mathematical knowledge. Guidance details for particular employment areas are available (academic employment, engineering, finance, schools and further education). Continue on a separate sheet if required.