

THE INSTITUTE OF MATHEMATICS AND ITS APPLICATIONS

Application For Registration as Chartered Scientist

Please read the notes on applying overleaf and the requirement notes 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

Will your employer pay for or reimburse your subscription?: *Yes/No.

**delete as appropriate*

Conditions of Membership

I wish to apply for registration as a Chartered Scientist and declare that the information I have given in this application is, to the best of my knowledge, accurate and true.

- I agree to the Code of Professional Conduct issued by The Institute of Mathematics, and accept that any breaches of the Rules or the Code of Professional Conduct will be dealt with under disciplinary procedures.
- I agree to participate in the Institute's Continuing Professional Development scheme and to submit annual returns for revalidation.

Signed: Date:

FOR OFFICE USE ONLY

Membership Grade: ID: Membership No:

Date	IMA Subscription	CSci Subscription	CSci Approved	CSci Number

NOTES ON APPLYING FOR THE CHARTERED SCIENTIST DESIGNATION

Separate notes outlining the criteria for this designation are available. Please read these notes before completing and returning your application form.

MEMBERSHIP STATUS

All applicants for the Chartered Scientist designation must be registered as Chartered Mathematicians.

FEES

An application must be submitted with the appropriate annual subscription fee. Please note if an applicant is registered as a Chartered Scientist between January and September the annual subscription is valid only until the end of the year, if they are registered between October and December the annual subscription will be valid until the end of the following year.

EVIDENCE OF QUALIFICATIONS

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

OTHER POINTS

The acquisition of the Chartered Scientist designation does not alter a member's obligations under the Institute's Code of Professional Conduct.

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

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.

Part 1 Supporter

Note: Applicants require one supporter who has detailed knowledge of their work and is more senior than themselves, or of equal seniority but working for a different organisation.

Name

Job Title:

Professional Relationship with Applicant:

Address

IMA grade (if any)

Other professional qualifications (if any)

Statement: I have read the enclosed information and have detailed knowledge of the candidate's professional experience and in my opinion the candidate meets the requirement for the Chartered Scientist designation.

SignatureDate:

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

Part 2:

Educational Requirements: For details of the educational requirements please refer to the criteria notes for the Chartered Scientist designation.

Qualifications (Post GCE A Level or equivalent):

University/College:
Qualification:
Main Subject(s):
Class or Distinction:
Date of award:

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-v (see requirement notes-education section) please provide a full statement of the mathematical training received. Continue on a separate sheet if necessary.

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
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Professional Report

Please detail your postgraduate 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.

Data Protection

The IMA will transfer the information submitted to the Science Council. If your application is successful your details will be held on the Science Council register. The publicly available register will include your name, the relevant Licensed Body (IMA) and Chartered Scientist number. The Science Council may wish to use the information you supply in order to be able to communicate with individuals effectively. Chartered Scientists have the right of access to the personal data held on them by the Science Council and the right to prevent its use for direct marketing purposes. The Science Council may, from time to time, execute mailings on behalf of suppliers of goods and services considered to be relevant to professional interests. If you wish to receive such information, please tick the box.