

for Fellows of the Geological Society of London

Fellowship number _____

Elected to Fellowship on _____

Title	Last name	First names (in full)	
Date of birth		Sex	Nationality
Home address		Work address	
Postcode		Postcode	
Telephone no:		Telephone no:	
Email address:			
To which address should correspondence be sent? (please tick box)			
HOME <input type="checkbox"/>		WORK <input type="checkbox"/>	
If you intend to apply for a CSCS (Construction Skills Certification Scheme) Platinum Construction Site Manager card, please tick here. <input type="checkbox"/>			
Applicants intending to apply for CSCS cards must refer to the additional guidance available on the web site at www.geolsoc.org.uk/cgeol or available from the Fellowship Department.			
Please state below your particular field of expertise: (please state one only)			
Please enter your preferred location for your Chartership Interview (see www.geolsoc.org.uk/chartership for full list)			

**THE INFORMATION ON THIS FORM AND ANY RELATED DOCUMENTS
WILL BE TREATED IN CONFIDENCE**

ACADEMIC QUALIFICATIONS (DEGREE/POST GRADUATE)

AWARD	SUBJECT	CLASS	YEAR	AWARDING BODY	PLACE OF STUDY

**MEMBERSHIP OF OTHER PROFESSIONAL BODIES (PROFESSIONAL AND/OR SCIENTIFIC)/
HONOURS**

NAME OF ORGANISATION	CLASS	YEAR ELECTED

EXPERIENCE/OCCUPATIONS

In chronological order giving the employer's name and address, dates and nature of duties.
Please include all periods, whether or not in the geological profession.

FROM	TO	DESCRIPTION (Employer's name and address/applicant's duties)

DECLARATION BY PRESENT EMPLOYER/HEAD OF DEPARTMENT

I CONFIRM THAT TO THE BEST OF MY KNOWLEDGE THE ABOVE ACCOUNT OF SCIENTIFIC EXPERIENCE IS CORRECT

Name (in block capitals) _____

Organisation _____

Signature _____ Date _____

PROFESSIONAL REPORT

(NB - the verifier is required to confirm, on the basis of personal knowledge, that the information provided by an applicant is a fair and reasonable description of the work undertaken and the applicant's contribution)

Verification by Signatories
(Date of attainment & initials of mentor/training advisor)

Please describe, in an appended document of no more than 2 sides and using the headings below, how your training and work experience meet each of the Chartership Criteria shown in bold. Cross refer to the Professional Documents that you submit, identifying specific examples within these that demonstrate your competence in each of the following headings.

- i. an appreciation of the scientific method**
- ii. an ability to obtain, process and critically evaluate scientific data**
- iii. an ability to communicate clearly verbally and in writing**
- iv. a clear understanding of the meaning and needs of professionalism**
- v. an awareness of Health and Safety issues and other statutory obligations applicable to your discipline or area of work**
- vi. a knowledge and understanding of the Code of Conduct**
- vii. a commitment to Continuing Professional Development**

<p style="text-align: center;">PROFESSIONAL REPORT (continued)</p> <p><i>(NB - the verifier is required to confirm, on the basis of personal knowledge, that the information provided by an applicant is a fair and reasonable description of the work undertaken and the applicant's contribution)</i></p>	<p style="text-align: center;">Verification by Signatories (Date of attainment & initials of mentor/training advisor)</p>
<p style="text-align: center;">THE CANDIDATE MUST SIGN AT THE END OF THE PROFESSIONAL REPORT</p>	

LIST OF PROFESSIONAL DOCUMENTS

List by number and identifying title all the Professional Documents submitted in support of the application.
Continue onto additional sheets, if necessary

DOCUMENT NUMBER	TITLE
1)	CPD records (to be provided by all candidates)* (please provide a print out or electronic file)
2)	Explanation of demonstration of competence (to be provided by all candidates)
<p><small>* At least one year's CPD records should be provided. This should be recorded via the Society's own on-line CPD scheme, however equivalent written evidence of CPD activity over the last year, or CPD records recorded via the IGI or AAPG systems would also be acceptable.</small></p>	

LIST OF SIGNATORIES TO THE DOCUMENTS EXCEPT DOCUMENT 1

(NB -Each signatory **MUST** be a *supervisor, employer or other appropriate person who has personal knowledge of your work*)

DOCUMENT NUMBER(S)	NAME AND ADDRESS OF SIGNATORY	POSITION HELD	MEMBERSHIP OF PROFESSIONAL INSTITUTIONS

SPONSORSHIP

I have asked the following people to sponsor my application to become a Chartered Scientist and have provided each of their signed and sealed SPONSOR'S STATEMENT under separate cover to the Administrative Fellowship Secretary.

Name	Name
Address	Address
Tel No.	Tel No.
Position	Position
Relationship to Sponsor	Relationship to Sponsor
How long known	How long known

DECLARATION BY THE APPLICANT

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 abide by the Code of Conduct* issued by The Geological Society, and accept that any breaches of the Code of Conduct* will be dealt with under disciplinary procedures. I further agree that I shall pay such dues as are required of me on or before the specified dates and in the manner prescribed by Council.

I enclose my application fee of £75.00 (see separate payment sheet).

*The Code of Conduct may be found at R/FP/6 within the Regulations published on the GSL website.

SIGNED _____

DATE _____

Data Protection– As a Licensed Body, The Geological Society is required to transfer the information submitted on this form to the Science Council. Your details will be held on the Science Council register. The publicly available register will include your name, Licensed Body 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.

THE COMPLETED FORM AND SUPPORTING DOCUMENTS SHOULD BE SENT TO :

*The Fellowship Department
The Geological Society, Burlington House, Piccadilly, London W1J 0BG, UK.
Email: chartership@geolsoc.org.uk*

*(please send four copies of this form: the original + three copies.
Only send one set of supporting documents, which must be submitted on a disc or memory stick).*

Please note that only one copy of this form is required.

A separate sheet should be included with the hard copy submission - Please do not include this form in the electronic version of your application.



The
Geological
Society

serving science & profession

Credit Card Charge Authorisation

I wish to pay by Visa/ Access/Mastercard/ American Express/ Diners Club/ Maestro.
(please delete as necessary)

Please debit my account number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name: _____

Valid from: _____ Valid to: _____

Security code: _____ Issue number, if applicable (Maestro): _____

With the sum of: £ _____

Your address (at which card account is registered):

Signature: _____

Date: _____

Office use only

Contact No. _____

Admission Fee _____

Apply for Chartership

Subscription Fee _____

Election Date _____

Extra Journal _____