**MF4: Application for Member (MNucI) or Fellow (FNucI) and Nuclear Independent Oversight Professional (NIOP)**

**Applicants must have read the Application Guidance before completing this form.**

**Please email your completed form and supporting documents to** [**membership@nuclearinst.com**](mailto:membership@nuclearinst.com)

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| **1. Membership Grade**  *Please indicate which membership grade you wish to apply for*  ***NB If you are applying for Fellow, you MUST also complete the Fellowship Competences section*** | | | |
| Member (MNucI) |  | Fellow (FNucI) |  |

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| **If you wish to apply for Professional Registration – please contact the Membership Department:** [**membership@nuclearinst.com**](mailto:membership@nuclearinst.com) |

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| **2. Personal Details** | |
| Title: | Surname: |
| Forename(s): | Date of Birth: |
| Home address: | Gender: M/F/Other: |
| Telephone number (home): |
| Telephone number (mobile): |
| Email (personal): |
| Postcode: | Membership No (if known): |

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| **3. Employment Details** *(Please leave blank if you are currently unemployed, self-employed, or retired)* | |
| Company Name: | Current Job Title: |
| Address: | Telephone number (work): |
| Email (work): |
| Postcode: |  |

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| **4. Education and Training** | | | |
| **4.1. Academic Qualifications** | | | |
| Full name of university/college | Full title of course indicating full or part-time (as it appears on your certificate(s)) | Start Year | End Year |
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| **4.2. Apprenticeships and/or Graduate Schemes (if applicable)** | | | |
| Employer name | Full title and course type | Start Year | End Year |
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| **4.3. Additional Training and Development (if applicable)**  Please provide information about any Initial Professional Development (IPD), additional training courses or periods of study not included in the above that are discipline or nuclear sector specific. | | | |
| Organisation | Course title | Start Year | End Year |
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| **4.4. Continuing Professional Development (CPD)**  Please list the CPD you have undertaken in the last 12 months relevant to your role (including reflective learning i.e. the benefits gained and how you have applied this in your role) | | | |
| Title | Benefits Gained and Reflective Learning | Start Date | End Date |
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| **4.5. Professional Membership(s) and/or Registration(s)** | | | |
| Professional Body | Membership Grade and number/Registration Title and ID number | Year Awarded | |
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| **5. Disability declaration** | |
| **I wish to inform the Institute that I have a disability:** | |
| Disability: | Date: |
| The Membership Team will be in touch to discuss any reasonable adjustments as part of the application process. | |

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| **6. Proposer** | | | |
| Your proposer should have known you for at least one year and should be a Member (MNucI) or Fellow (FNucI) or hold an equivalent membership grade with another Professional Body at the same level or above the grade you are applying for.  **NB: We reserve the right to contact your proposer to confirm the details provided within your application.** | | | |
| **I, the proposer, confirm that the applicant is suitable for membership.** | | | |
| Proposer Signature: | | Date: | |
|  | | | |
| Title: | Forename(s): | | Surname: |
| Email: | | | |
| Employer name: | | | |
| Name of Professional Institute or Body: | | | |
| Professional Registration Grade: | | | |
| Membership grade and number: | | | |

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| **7. Verifier** | | | |
| The statements made in your application must be verified by a suitable person holding the NIOP qualification or has Independent Oversight experience.  **NB: We reserve the right to contact your verifier to confirm the details provided within your application.** | | | |
| **I, the verifier, confirm that I have reviewed the application and confirm that this is a true and accurate record of the statements provided by the applicant.** | | | |
| Verifier Signature: | | Date: | |
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| Title: | Forename(s): | | Surname: |
| Employer name: | | | |
| Job title: | | | |
| Email: | | | |
| Telephone number: | | | |

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| **8. Supporting Documents** | |
| **You are also required to submit the following documents:** | |
| Detailed CV |  |
| Organisation Chart (including your role) |  |
| Professional Development Plan for the next 12 months |  |
| **For Fellow** | |
| Fellow Reference Form |  |

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| **9. Undertaking** | |
| I, the undersigned applicant, certify that the information provided here is true, and do hereby agree that in the event of my election I shall be governed during my membership by the Articles of the Nuclear Institute, as they are now formed or as they may hereafter be altered, including the NI Code of Conduct.  I accept as final and binding the decisions of the Board of Trustees and will promote the objects of the Institute as far as may be in my power.  On resignation, of which 6 months’ notice shall be given, I promise to pay all dues, cease using any post-nominals, describing myself as a member and return my membership certificate.  I understand that the information contained in this form will be processed in accordance with the data protection principles in the 2018 Data Protection Act and all current GDPR requirements.  I also commit to continuing my professional development: I agree to maintain a record of my Continuing Professional Development and will submit this on request by the Nuclear Institute within 3 months of such a request. | |
| Signature: | Date: |

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| **10. Payment** | |
| **We have several ways you can pay. Please select your preferred payment option from the list below:** | |
| **Online via My Account** (we will provide instructions once your application has been processed) |  |
| **BACS – Bank Transfer** (we will provide details once your application has been processed) |  |
| **Over the phone** (we will contact you once your application has been processed) |  |

**All data provided in this form will be processed in accordance with the Nuclear Institute’s Privacy Policy which can be found at** [**www.nuclearinst.com/Privacy**](http://www.nuclearinst.com/Privacy)

**Nuclear Independent Oversight Professional (NIOP) Competences**

**Applicants must have read and understood both the Nuclear Professionalism Standard and the Independent Oversight (IO) Competency Framework and considered all the requirements under each of the competences for both before completing this section of the form.**

The minimum word amount is 2000 with a maximum of 2500 words in total across all sections of the IO competences. If you exceed the maximum number of words your application may be rejected.

Assessment will be against the requirements as detailed in the IO Competency Framework which aligns to the Nuclear Professionalism Standard.

You must provide 2 or 3 work-based examples to demonstrate where you have applied the IO Processes competences in Section 2 and include evidence to demonstrate underpinning knowledge and personal skills and behaviours under Sections 1 and 3. In addition you must also provide additional evidence to demonstrate the Nuclear Professionalism Standard that may not be identified from your examples.

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| **Example 1** |
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| **Example 2** |
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| **Example 3** |
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| **Nuclear Professionalism Standard – Additional Evidence**  Please use this box to provide evidence against those competences in the Nuclear Professionalism Standard that may not be identified from the examples you have provided. |
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**Fellowship Competences**

**Applicants MUST complete this section if applying for Fellow.**

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| 1. **Leadership and Autonomy** |
| Outline the responsibilities you have held over the last 10 years and demonstrate how you have shown leadership and autonomy (Please provide specific examples from your day-to-day role) |
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| 1. **Significant Contribution** |
| Describe the significant contribution you have made to the industry. (Please provide specific examples from your day-to-day role) |
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