



Botswana Institution of Engineers

P O Box 40535 Gaborone Botswana Tel/Fax:3957665 bie@botsnet.bw
www.bie.org.bw

No.

For Office use

FORM OF APPLICATION FOR ELECTION OR TRANSFER

(Please carefully read membership leaflet attached before completing this form)

1. PERSONAL INFORMATION

Full name:..... Title:..... **Male**
(Block letters please – underline surname) **Female**
Contact address
E-mail:..... Tel. (W) Tel (H) Fax:.....
Date of birth:..... Country..... Nationality.....

2. APPLICATION

Having read the requirements outlined in the information leaflet, I wish to apply for election/transfer to the category of the institution

3. EDUCATION (Please enclose certified copies of certificates and detailed CV)

Establishment and address	Programme(s)	Qualification, class & year

4. PROFESSIONAL QUALIFICATIONS

Institution	Membership Category	Membership No.

5. ATTESTATION BY PROPOSERS AND SUPPORTS

We the undersigned propose and support this application from personal knowledge as a person in every respect worthy of that distinction and we endorse the correctness of those parts of the application which we have initialed on pages 2, 3, & 4.

*Proposed by: Sign:..... Member No.

Address.....

*Proposed by: Sign:..... Member No.

Address.....

*Supporter:..... Sign:..... Member No.

Address.....

*Supporter:..... Sign:..... Member No.

Address.....

*Please show decorations, degrees etc...after your name

Candidate's Name.....Initials.....

If already a corporate member please tick this box and do not complete section 6

6. INITIAL TRAINING

From MTH/YR		To MTH/YR		Department in which training received and content	Training Element

**Verifying
Initials of
Supervisor(s)**

I certify that the training detailed above has been completed satisfactorily

Supervisor's signature..... Date.....

Name (in block letters).....

I certify that the training detailed above has been completed satisfactorily

Supervisor's signature..... Date.....

Name (in block letters).....

Training Supervisors to complete a separate report on prescribed Form E2

Candidate's Name..... Initials.....

7. SUBSEQUENT EXPERIENCE			Verifying Initials of Proposers and Supporters
Please give the relevant dates and the designations of all posts you have held, the names of your employers, the places of employment, and a brief description of your duties and responsibilities in chronological order. The Committee needs to know the kind of work in which you have been and are involved, especially your personal contribution and the manner in which you have applied your engineering education, training and experience.			
FROM MTH/YR	TO MTH/YR	Details	
Present post		Employer	

8. PROFESSIONAL CONTRIBUTIONS (papers presented, etc.)

Year	Conference/Journal/Other Reference

Candidate's Name..... Initials.....

9. ORGANISATION TREE

Please print the name of the firm or organization and the period of employment. The organization tree should show the chain of command in your present post and indicate your position in relation to your immediate superior, equivalent, and immediate subordinate staff. Against each post please indicate the name, initials and qualifications of the holder including, where appropriate, the grade of membership of the Institution. Your own position should be marked by an arrow and the number of persons under your control should be given where this is not clear from the tree. You may provide, if you wish, not more than two organization trees covering previous positions you held which relate to the responsible experience being offered.

**Verifying
Initials of
Proposers
and
Supporters**

10. DECLARATION

I declare that the statements I have made on this form are to the best of my knowledge true and I agree that in the event of my election to membership of any class in the Institution of Engineers, I shall be governed by the By-laws of the Institution as they now are, or as they may hereafter be amended.

Signature of Candidate..... Date.....

For office use only			
Received by secretary on		Assessed by Membership Committee on	
Interview/Examination date		Recommended for class of	
Passed by Council on		Candidate notified on	



BOTSWANA INSTITUTION OF ENGINEERS

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Gaborone, BOTSWANA

E-mail bie@botsnet.bw

Report By Training Officer or Supervisor

Applicant's name.....

Supervisor's name.....
(please show decorations after name)

Address.....

.....

Training Supervisor's report (*Please include comments on the effectiveness of the training, the candidate's progress and his/her potential for career advancement*).

Signed..... Date.....

Please return the completed form to: The Secretary, Botswana Institution of Engineers, P. O. Box 40535, Gaborone