

The Association of



Carbon
Professionals

Application Form

CERTIFIED CARBON PROFESSIONAL

PERSONAL DETAILS

MR/MRS/MISS/MS/OTHER (please state): _____	SEX: Male/Female:	NATIONALITY: _____	ETHNICITY: _____
SURNAME: _____			AGE: _____
FORENAME(S) _____	D.O.B.: _____	EMPLOYER'S NAME: _____	
HOME ADDRESS: _____	EMPLOYER'S ADDRESS: _____		
_____ POSTCODE: _____	_____ POSTCODE: _____		
TELEPHONE _____	TELEPHONE: _____		
E-MAIL ADDRESS: _____	E-MAIL ADDRESS: _____		

PLEASE INDICATE WHICH OF THE ABOVE ADDRESSES IS TO BE USED AS YOUR MAILING ADDRESS: HOME/EMPLOYER (DELETE ONE)

PLEASE ADVISE US IN WRITING OF ANY FUTURE CHANGE OF DETAILS OR USE THE MEMBERSHIP AREA OF THE WEBSITE TO AMEND DETAILS.

NOTES FOR COMPLETING THE APPLICATION FORM

1. The application fee should be sent with this form unless transferring from another class of membership. Fee is for 12 months of membership;
2. A4 black and white photocopies of all relevant qualifications initialled by your sponsor or line manager/supervisor must accompany this application;
3. An academic course breakdown/profile should be included with this application. Overseas qualifications MUST include full details of the course, in English, as well as copies of the original certificates;
4. Your Career Overview Report;
5. Completed Mandatory Competence Attainment Report, of environmental activities signed by your sponsors, line manager/supervisors;
6. CPD record;
7. Evidence of participation in a Professional Development Scheme (if relevant);
8. Please ensure that every section is completed legibly in black ink.

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PAYMENT DETAILS	
Please highlight your intended payment method by placing a tick in the right-hand column.	
I enclose a cheque made payable to ACP for the application fee only.	
I wish to pay my application by credit or debit card. Please complete details on page two.	
Card Type (delete as appropriate) Debit/Credit Visa/MasterCard/American Express Card Number _____ Start Date _____ Expiry Date _____ Start Date _____ Issue No. _____ Security Code (last 3 digits on back of card) _____ Name and address on Card if different from above: _____	

<p>NOTE ABOUT YOUR SPONSORS</p> <ol style="list-style-type: none"> 1. You should have two sponsors; 2. Your sponsors may be Fellows, Members or Associate members of ACP, or Chartered members of equivalent bodies; 3. If you are unable to find sponsors who are Fellows/Members/Associates of ACP, members of equivalent Chartered bodies may be accepted, provided they are individually chartered. Please ask them to confirm their status and relationship to you, in writing on official headed paper.

SPONSORS				
NAME (in block capitals)	SIGNATURE	QUALIFICATIONS	SPECIMEN INITIALS	MEMBERSHIP NO.
WHERE NEITHER SPONSOR IS FAMILIAR WITH YOUR WORK PLEASE OBTAIN YOUR SUPERVISOR(S)/LINE MANAGER(S) SIGNATURE(S)				
NAME (in block capitals)	SIGNATURE	QUALIFICATIONS	SPECIMEN INITIALS	

PROFESSIONAL QUALIFICATIONS		
Please enclose copies of certificates or, alternatively, a letter of confirmation of your membership of other bodies.		
PROFESSIONAL BODY	GRADE or CLASS	DATE ACHIEVED

FURTHER EDUCATION					
Please enclose copies of certificates and a course breakdown (i.e. modules studied)					
COURSE TITLE	DATES		FULL OR PART TIME	NAME OF UNIVERSITY/COLLEGE	QUALIFICATION GAINED
	FROM	TO			

AREAS OF SPECIAL INTEREST
1.
2.
3.
4.

Declaration

To be signed by each applicant

1. I wish to apply for Certified Carbon Professional status with the Association of Carbon Professionals;
2. If accepted I agree to be bound by the Association's Code of Conduct, which I have signed and attached to this application;
3. I will do my best at all times to further the objectives of the Association;
4. I will not use the Association's logo in any part of my advertising or communication media without the prior written agreement of the Directors of the Association;
5. I have read the notes below on data protection and privacy;
6. I understand that this application is subject to approval by the Association's Steering Group. In the event that an application for CCP status is rejected, a full refund of any fees paid will be returned via the original method of payment within 7 days;
7. I will cooperate with the Association should it find it necessary to investigate any complaint made against me.

Name _____ Signature _____ Date _____

Data protection

Personal data is collected in accordance with the Data Protection Act 1998. The information supplied on this form will be retained by the Association for the duration of your membership only. You will be responsible for updating your details. The Association will not share your personal details with any third parties.

Your details will be made available to other members on a contact database to facilitate networking (this database is available to members only). Opt out

Your details will be used by the Association in order to keep you up-to-date with news and events, primarily via periodic newsletters sent to your email address. Opt out

Code of Conduct

As a condition of membership of the Association, individual members are required to declare a commitment to the Association's Code of Conduct. The Association reserves the right to withdraw membership of any signatories whose actions are considered to be inconsistent with the Code of Conduct.

Individual members of the Association shall:

1. Uphold and promote the carbon management profession;
2. Exercise honesty, impartiality, diligence and objectivity in their professional work;
3. Support and promote resource efficient sustainable action that reduces climate change risk and challenge unsustainable action;
4. Work to, and promote, high standards and best practice in the carbon profession;
5. Ensure that professional judgment is not influenced by a conflict of interest. Members shall make all relevant parties aware if such conflicts exist or arise;
6. Acknowledge limitations of competence and not undertake work which is known to be beyond their professional capability;
7. Develop and maintain standards of professional competence and knowledge through a combination of training, learning and practical experience and through the support of others;
8. In giving advice, make the relevant person(s) aware of the potential consequences of actions;

Name _____ Signature _____ Date _____