##### IChemEStage 2 – Initial Professional Development

##### Verification Report - EngTech

The IPD Submission Form should be verified by someone who was familiar with the Initial Professional Development detailed within it and can verify the majority of the presented examples.

The person who verifies the form does not have to be professionally registered as a technician or engineer. They should however indicate any professional qualifications they hold, as well as their working relationship to the applicant.

Applicants will approach verifiers to complete the following form. Verifiers should return it to the applicant for upload with their application.

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| **Applicant’s name:** |       |

**Verifier’s details:**

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| --- | --- |
| **Name:** |       |
| **Job title:** |       |
| **Company name:** |       |
| **Email:** |       |
| **Professional qualification(s) held and with whom:** |       |
| **Membership number(s) for the above:** |       |
| **Relationship to applicant:** |       |

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| **Please tick below the sections you are verifying:****Section A 1 [ ]  2 [ ]  Section B 1 [ ]  2 [ ]  Section C 1 [ ]  2 [ ]  3 [ ]** **Section D 1 [ ]  2 [ ]  3 [ ]  Section E 1 [ ]  2 [ ]  3 [ ]  5 [ ]** **If you wish you can provide any supporting comments:**      |

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| **Verifier Declaration**I confirm that, to the best of my knowledge, the evidence provided is a true account of the applicant’s work experience as appropriate to the sections identified above.I understand that IChemE may contact me directly if they have any questions regarding the applicant’s evidence or my verification of it.By submitting this report, I understand and acknowledge that my report will be used and retained by IChemE (including staff, voluntary officers, and companies processing data on IChemE’s behalf) for assessment, administrative and audit purposes. IChemE may share the report with relevant regulatory bodies and/or selected third parties as appropriate and necessary to fulfil those purposes, or as otherwise required by law.Verifier signature:       Date:       |