

Personal Statement:

Tech CABE/ACABE

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By completing this form you agree that the information contained within it has been given freely.

Care should be taken to ensure that **ALL** parts of this form are fully completed.



Grade applying for

Tech CABE		ACABE	

Personal Deta	ails								
Surname:			Title (Mr.	/Mrs/Miss/Other):					
Forename(s):									
Home Address:									
Postcode:									
E-mail:									
Date of Birth:									
Mobile:			Telepho	one:					
Employment									
Employer's Name:			Job Tit	le/Position:					
Address:									
Postcode:									
E-mail:									
Mobile:	Telephone:								
Membership RICS	of other P	Professiona RIBA	Bodies		ease State)				
Mes	CIAI	KIDA		Other (Flease State)					
Have you ever been the subject of disciplinary action from another professional body? Yes No Employer If you are currently employed, this section must be completed by your current employer. If you are not									
currently employed,		d to complete thi	s section.	, , , , , , , , , , , , , , , , , , , ,					
Name:			Position:						
Tel:									
E-mail:									
I certify that the evide work carried out by Technician/Associate I		and I consider t	empetencies a the applicant	are a true and to be fit and p	accurate description of the proper person for election as a				
Signature:			Date:						

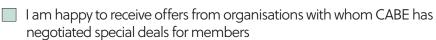
Personal Statement



This section is for you to give an overview of your career highlights and future goals. Make sure to also include information pertaining to your current job role and responsibilities.

Preferences

	lam	n happ	y to re	ceive	the r	nonthl	y reg	iona	al e-	ne	wsle	tter	or info	rmati	on o	n tra	ainin	g, pro	oduc	ts
	anc	l servic	es, and	d regi	onal	activitie	es.													
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Declaration and Disclaimer

This must be completed by all applicants

I confirm that the information supplied in support of my application is correct.

I acknowledge that it is my responsibility to ensure that I am only undertaking work which falls within the limits of my competence and expertise. I understand that no responsibility will be accepted by CABE for any loss or damage arising from any work that I undertake.

I declare that I have read and understood the Bylaws of the Association and the Codes of Professional Conduct, available at **https://cbuilde.com/page/cabe_code_of_professional_conduct**, and agree to abide by these at all times.

The Association will hold and process data on you for purposes connected with your membership. This data will be held electronically and you hereby consent to the Association holding, processing and transferring data as described in this statement and our Privacy Policy, both during and after your membership of the Association.

Our Privacy Policy details how CABE complies with its obligations under GDPR. To review our Policy, please visit **cbuilde.com/privacy statement.aspx**

I confirm that I have chosen the above preferences and read the Association's declarations and disclaimer.

Print Name:		
Signature:	Date:	

We're here to help

If you have any queries about you Tech CABE/ACABE Personal Statement, please contact us. You can also find out further information at cbuilde.com.

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