Stage 1 - Technical Biography verification report

Verifiers are needed to provide verification of any work-based learning provided in a Technical Biography (TB). As a verifier you will be provided with a completed Technical Biography form by the applicant to verify. As a verifier you should have sufficient knowledge of the applicants work and career to verify the evidence.

Applicants should approach verifiers to complete the below form. Verifiers should return it to the applicant with a wet or electronic signature for upload with their application. If a signature is not possible, the applicant should include an email from the verifier confirming that they are the signatory.

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| --- | --- |
| **Applicant’s name:** |  |

**Verifiers details:**

|  |  |  |
| --- | --- | --- |
| **Name:** | |  |
| **Job title:** | |  |
| **Company name:** | |  |
| **Email:** | |  |
| **Professional qualification(s) held and with whom:** | |  |
| **Membership number(s) for the above:** | |  |
| **Relationship to applicant:** | |  |
| **Please tick below the example numbers you are verifying (as per the order they appear on the copy application form you have reviewed):**  1  2  3  4  5  6  7  8  9  10  11  12 | | |
| **If you wish you can provide any supporting comments:** | |  |
| **Verifier declaration**  I confirm that, to the best of my knowledge, the evidence provided is a true account of the applicant’s work experience.  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:**  (wet or electronic signature) |  | |
| **Date:** |  | |