



**CIArb**  
evolving to resolve

# CIArb Membership Application Form

Thank you for applying to join the CIArb.

Please complete all sections in **BLOCK CAPITALS** and return your completed form to: **CIArb Membership Team, CIArb, 12 Bloomsbury Square, London, WC1A 2LP**

This form is also available online. **W:** [www.ciarb.org/joining-us](http://www.ciarb.org/joining-us)

If you have any questions on how to complete this form, or any aspect of becoming a member please contact our membership team **E:** [memberservices@ciarb.org](mailto:memberservices@ciarb.org) or **T:** +44 (0)20 7421 7497.

## Membership of CIArb

### The professional home of dispute resolvers

CIArb members include leading dispute resolution practitioners from many different sectors and professional backgrounds but we also welcome newcomers with an interest in ADR.

### CIArb membership is essential for:

- people who use ADR skills in their existing job
- professional advisers: lawyers and other professional advisers
- practitioners: people who are, or aspire to be, practising arbitrators, mediators or adjudicators

### Benefits of CIArb Membership:

- a prestigious, globally-recognised qualification
- use of recognisable post-nominal letters ACIArb, MCIArb, FCIArb
- access to a worldwide professional community and global networking opportunities
- continuing professional development (CPD) through a programme of events and courses
- free subscription to CIArb's leading quarterly journal, *Arbitration* (worth over £250) and free access to CIArb's library at the Maughan Library, London
- *The Resolver* magazine, regular CIArb updates, members' area of the CIArb website, weekly Linex Legal alert service (worth £100)
- professional advice and guidance including a dispute resolution advice service and authoritative practice guidelines
- discounts on a range of products and services, professional indemnity insurance and events

## Criteria and qualifications for membership

### Associate

The minimum criteria for eligibility is that an applicant must have either:

- passed one of CIArb's Introductory Assessments; or
- completed a recognised equivalent or exempt course; or
- demonstrated the level of experience in the relevant field as required by CIArb and provide evidence to that effect with the application.

### Member

The minimum criteria for eligibility is that an applicant must have either:

- passed modules 1 and 2 of CIArb's training programmes; or
- passed CIArb's Accelerated Route to Membership programme (Arbitration only); or
- completed a recognised equivalent or exempt course; or
- demonstrated the level of experience in the relevant field as required by CIArb and provide evidence to that effect with the application.

### Fellow

The minimum criteria for eligibility is that an applicant must be a Qualified Member and have either completed one of the following plus a peer interview\*:

- passed modules 3 and 4 of CIArb's training programmes; or
- passed the Accelerated Route to Fellowship and module 4 of CIArb's arbitration/adjudication training programmes; or
- passed the Diploma in International Commercial Arbitration; or
- completed a recognised equivalent or exempt course.

*\*Individuals who choose to follow the mediation pathway will be required to demonstrate relevant mediation practice before progressing onto the Peer Interview stage.*

## Part A: Personal Details (Block Capitals)

Title:  Mr  Mrs  Miss  Ms  Other (please specify)

First Name:

Other Names:

Family Name (surname):

Gender:  Male  Female

Date of Birth (dd/mm/yy):  /  /

Nationality:

First Language:

Other languages you speak fluently:

### Contact Details

Address: This will be your mailing & billing address. It will also dictate your annual subscription rate and branch allocation. Once admitted into membership, you may update where you have your correspondence sent to, through your online profile. [www.ciarb.org/members](http://www.ciarb.org/members)

Line 1:

Line 2:

Line 3:

Town/City:

County/State:

Postcode/Zip:

Country of Residence:

Email Address:

Daytime Telephone (including country code):

Evening Telephone (including country code):

Mobile (including country code):

Fax Number (including country code):

## Part B: Professional Profile

We use this information to evaluate your level of ADR knowledge. It helps us to award you the most appropriate membership grade.

Have you ever completed a CI Arb course before?  Yes  No

If yes, please specify the course(s):

**Primary profession (please tick one box only)**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Academic/Lecturer  | <input type="checkbox"/> Claims Professional                            | <input type="checkbox"/> In-house Legal Counsel       | <input type="checkbox"/> Shipbroker                 |
| <input type="checkbox"/> Accountant/Auditor | <input type="checkbox"/> Commercial Professional                        | <input type="checkbox"/> Judge                        | <input type="checkbox"/> Structural Engineer        |
| <input type="checkbox"/> Agent              | <input type="checkbox"/> Contracts Professional                         | <input type="checkbox"/> Planner                      | <input type="checkbox"/> Student                    |
| <input type="checkbox"/> Architect          | <input type="checkbox"/> Doctor/Dentist                                 | <input type="checkbox"/> Project Manager/Professional | <input type="checkbox"/> Surveyor (other)           |
| <input type="checkbox"/> Barrister/Advocate | <input type="checkbox"/> Engineer (other)                               | <input type="checkbox"/> Property Surveyor            | <input type="checkbox"/> Technical Professional     |
| <input type="checkbox"/> Broker             | <input type="checkbox"/> Private practice Lawyer/<br>Solicitor/Attorney | <input type="checkbox"/> Quantity Surveyor            | <input type="checkbox"/> Trader                     |
| <input type="checkbox"/> Building Surveyor  | <input type="checkbox"/> Full-time Arbitrator/Mediator/<br>Adjudicator  | <input type="checkbox"/> Religious minister           | <input type="checkbox"/> Property Valuer/Auctioneer |
| <input type="checkbox"/> Civil Engineer     |   | <input type="checkbox"/> Retired                      |   |

Other (please specify)

**Your professional specialism (please tick one box only)**

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Agriculture                | <input type="checkbox"/> Employment/Labour          | <input type="checkbox"/> Intellectual Property       | <input type="checkbox"/> Professional Liability & Negligence |
| <input type="checkbox"/> Antitrust & Competition    | <input type="checkbox"/> Energy & Natural Resources | <input type="checkbox"/> International Trade         | <input type="checkbox"/> Property/Real Estate                |
| <input type="checkbox"/> Aviation                   | <input type="checkbox"/> Family                     | <input type="checkbox"/> Investment & Investor-state | <input type="checkbox"/> Sale of goods                       |
| <input type="checkbox"/> Banking                    | <input type="checkbox"/> Finance                    | <input type="checkbox"/> Manufacturing               | <input type="checkbox"/> Shipping & Maritime                 |
| <input type="checkbox"/> Commercial (general)       | <input type="checkbox"/> Healthcare/Medical         | <input type="checkbox"/> Media & Creative            | <input type="checkbox"/> Sport                               |
| <input type="checkbox"/> Commodities                | <input type="checkbox"/> IT & Telecoms              | <input type="checkbox"/> Neighbourhood and community | <input type="checkbox"/> Transportation                      |
| <input type="checkbox"/> Construction & Engineering | <input type="checkbox"/> Infrastructure & Projects  | <input type="checkbox"/> Pharmaceutical              | <input type="checkbox"/> Utilities                           |
| <input type="checkbox"/> Corporate                  | <input type="checkbox"/> Insurance & Reinsurance    |  |  |

Other (please specify)

**Your job role (please tick one box only)**

- |  |                                      |  |   |
|--|--------------------------------------|--|---|
| <input type="checkbox"/> Administrator     | <input type="checkbox"/> Consultant  | <input type="checkbox"/> Managing Director/CEO | <input type="checkbox"/> Sole Trader/Proprietor |
| <input type="checkbox"/> Adviser           | <input type="checkbox"/> Coordinator | <input type="checkbox"/> Officer               | <input type="checkbox"/> Solicitor              |
| <input type="checkbox"/> Analyst           | <input type="checkbox"/> Counsel     | <input type="checkbox"/> Partner (law)         | <input type="checkbox"/> Specialist             |
| <input type="checkbox"/> Assistant         | <input type="checkbox"/> Director    | <input type="checkbox"/> Principal             | <input type="checkbox"/> Trainee (law)          |
| <input type="checkbox"/> Associate (law)   | <input type="checkbox"/> Executive   | <input type="checkbox"/> Professor             |   |
| <input type="checkbox"/> Chairman          | <input type="checkbox"/> Lecturer    | <input type="checkbox"/> Queen's Counsel       |   |
| <input type="checkbox"/> Company Secretary | <input type="checkbox"/> Manager     | <input type="checkbox"/> Researcher            |   |

Other (please specify)

**Name of Employer:**

Please enter the full name of the organisation you work for. If your organisation is also commonly known in an abbreviated form, please write out the full name followed by any abbreviation in brackets e.g. Chartered Institute of Arbitrators (CIArb)

Self employed

**Type of business of employer, if applicable – (please tick one box only)**

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Accounting & Actuarial        | <input type="checkbox"/> Energy                        | <input type="checkbox"/> IT & Telecoms                             | <input type="checkbox"/> Property/Real Estate   |
| <input type="checkbox"/> Admin, Secretarial & PA       | <input type="checkbox"/> Engineering                   | <input type="checkbox"/> Legal                                     | <input type="checkbox"/> Retail                 |
| <input type="checkbox"/> Architecture                  | <input type="checkbox"/> Estate Agency                 | <input type="checkbox"/> Manufacturing                             | <input type="checkbox"/> Sales & Marketing      |
| <input type="checkbox"/> Banking & Financial Services  | <input type="checkbox"/> FMCG                          | <input type="checkbox"/> Maritime/Marine                           | <input type="checkbox"/> Security & Safety      |
| <input type="checkbox"/> Charity & Voluntary           | <input type="checkbox"/> Insurance                     | <input type="checkbox"/> Media, Digital & Creative                 | <input type="checkbox"/> Self Employed          |
| <input type="checkbox"/> Construction                  | <input type="checkbox"/> Health & Medicine             | <input type="checkbox"/> Motoring & Automotive                     | <input type="checkbox"/> Strategy & Consultancy |
| <input type="checkbox"/> Civil Service & Public Sector | <input type="checkbox"/> Hospitality & Leisure         | <input type="checkbox"/> Purchasing & Supply Chain                 | <input type="checkbox"/> Transport & Logistics  |
| <input type="checkbox"/> Education & Training          | <input type="checkbox"/> Human Resources & Recruitment | <input type="checkbox"/> Professional Organisation/<br>Trade Union |   |

Other (please specify)

Is your work address the same as your Mailing & Billing address (overleaf)?

Yes  No (If no, please supply below)

**Employer Address**

Line 1:

Line 2:

Town/City:

County/State:

Postcode/Zip:

Country of Employer:

Work Email:

**Part C: Alternative Dispute Resolution Profile**

What discipline of ADR do you have experience in?

Arbitration  Mediation  Adjudication  Not applicable

Other (please specify)

**Your ADR specialism**

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Employment/Labour	<input type="checkbox"/> Intellectual Property	<input type="checkbox"/> Professional Liability & Negligence
<input type="checkbox"/> Antitrust & Competition	<input type="checkbox"/> Energy & Natural Resources	<input type="checkbox"/> International Trade	<input type="checkbox"/> Property/Real Estate
<input type="checkbox"/> Aviation	<input type="checkbox"/> Family	<input type="checkbox"/> Investment & Investor-state	<input type="checkbox"/> Sale of goods
<input type="checkbox"/> Banking	<input type="checkbox"/> Finance	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Shipping & Maritime
<input type="checkbox"/> Commercial (general)	<input type="checkbox"/> Healthcare/Medical	<input type="checkbox"/> Media & Creative	<input type="checkbox"/> Sport
<input type="checkbox"/> Commodities	<input type="checkbox"/> IT & Telecoms	<input type="checkbox"/> Neighbourhood and Community	<input type="checkbox"/> Transportation
<input type="checkbox"/> Construction & Engineering	<input type="checkbox"/> Infrastructure & Projects	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Utilities
<input type="checkbox"/> Corporate	<input type="checkbox"/> Insurance & Reinsurance		

Not applicable

Other (please specify)

What was your role? (please tick all that apply)

<input type="checkbox"/> Adviser	<input type="checkbox"/> Sole Arbitrator	<input type="checkbox"/> Arbitration Tribunal/panel member	<input type="checkbox"/> Party representative
<input type="checkbox"/> Mediator	<input type="checkbox"/> Arbitration Tribunal/panel Chair	<input type="checkbox"/> Expert witness	<input type="checkbox"/> Contract drafter
<input type="checkbox"/> Adjudicator			

Not applicable

Other (please specify)

Other areas of ADR interested in (tick all that apply)

<input type="checkbox"/> Domestic Arbitration	<input type="checkbox"/> International Arbitration	<input type="checkbox"/> Commercial Mediation	<input type="checkbox"/> Workplace Mediation
<input type="checkbox"/> Family Arbitration/Mediation	<input type="checkbox"/> Construction Adjudication	<input type="checkbox"/> Consumer Adjudication	<input type="checkbox"/> Med/Arb

Other (please specify)

Please include details of relevant knowledge and practical experience and how acquired (no more than 100 words).

*Please attach a separate sheet of paper to this application form*

## Part D: Qualifications

Are you a member of any professional or occupational institutes?  Yes (If yes, please specify details below)  No

Name of Body	Date admitted (dd/mm/yy)	Grade (if applicable)

Please provide details of relevant technical, academic and professional examinations passed including those of CI Arb and Recognised Course Providers. We cannot process your application without this information.

Do you have academic or professional qualifications?  Yes (If yes, please specify details below)  No

Examination title	Examination body	Date completed (dd/mm/yy)	Grade		
			<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pending
			<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pending
			<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pending
			<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pending
			<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pending
			<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pending
			<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pending

You are required to send proof of qualifications, including a copy of the syllabus and the results transcript, to the Membership Team by **Email:** memberservices@ciarb.org or **Post:** CI Arb, Membership Team, 12 Bloomsbury Square, London, WC1A 2LP, UK.

## Part E: Prior Conduct

This information is held in confidence. Applications will be judged on an individual basis. Answering yes to any of these questions will not automatically exclude you from membership.

Have you ever been expelled from or disciplined/reprimanded by a regulatory or professional body?

Yes (If yes, please specify details below)  No

Has an application for a bankruptcy order ever been made against you or has a company of which you were a director, ever gone into compulsory or voluntary liquidation on grounds of insolvency?

Yes (If yes, please specify details below)  No

Are there any outstanding judgements against you?

Yes (If yes, please specify details below)  No

Have you ever been convicted of any offence in any court (other than a motoring offence not resulting in disqualification)? Convictions are not spent under the Rehabilitation of Offenders Act 1974 in respect of membership of the Institute and need to be disclosed

Yes (If yes, please specify details below)  No

If the answer is yes to any question in Part E, please give details here. Please continue on a separate sheet of paper if required.

## Part F: Declarations

I hereby apply for membership of the Chartered Institute of Arbitrators. If admitted, I agree to comply with the Code of Professional and Ethical Conduct, the Royal Charter and Bye-Laws (including Schedules and by any subsequent amendments and/or alterations that may be made) and by regulations made or to be made for carrying them into effect.

I declare that to the best of my knowledge, the information given on this form is correct. I understand and agree that if I make any false statements, submit false information or fail to disclose information requested in this application, I will be subject to discipline pursuant to the constitutional documents and code of ethics, as amended from time to time.

On admittance, I request that you issue me a membership Certificate. I agree that the certificate will remain the property of the Institute and will undertake to return it if I cease to be a member. I understand that I will be required to return my Certificate of membership on cessation of membership (Bye-Law 11.4) and may no longer use the post nominal designatory letters, as only members who have paid their annual subscription are entitled to the Ordinary privileges of members (Bye-Law 9.10 and Regulation 17.1.2)

Please refer to the CI Arb Code, Royal Charter and Bye-Law online for more information.

Signature:

Date:

 /  / 

## Part G: Data Protection

Data entered into CI Arb's database is held subject to the provisions of the UK Data Protection Act 1998 and to the data protection principles set out in the Data Registrar's Guidelines. By filling in and submitting this application form you agree to CI Arb processing your sensitive personal data for the purposes as set out in the CI Arb Subject Information Statement.

CI Arb publishes an online public directory of members.

Do you consent to your name, country of residence, grade and (if applicable) any CI Arb panel memberships being included?

Yes

No

**What is your interest in CI Arb?** Tell us your interests so we can keep you updated with relevant information.

Alternative Dispute Resolution

Events & Conferences

Meeting Room Hire at Bloomsbury Square

Becoming a Dispute Resolver

Finding a Dispute Resolver

Our Courses and Qualifications

Becoming a member

Information about CI Arb

Sponsorship and/or advertising opportunities

Other (please specify)

Do you consent to CI Arb sending you information about relevant CI Arb activities by email?

Yes

No

Do you consent to CI Arb sharing your contact information with carefully selected, relevant third-parties?

Yes

No

How did you hear about CI Arb?

Direct Mail

E-mail

CI Arb Website

Word of Mouth

CI Arb Branch Website (please specify)

Other Website (please specify)

Advertisement (please specify)

CI Arb Branch/Chapter (please specify)

Newspaper/Magazine (please specify)

Other (please specify)

## PART H – Subscription Rates

Annual membership subscription rates are based on your grade of membership and the country you live in. For new members, rates are calculated on a pro-rata basis according to the date you join. Please see enclosed leaflet for current subscription rates. You must include payment with your application for your membership subscription, together with the £80 application fee.

CI Arb • 12 Bloomsbury Square • London WC1A 2LP • **T:** +44 (0)20 7421 7444 • **F:** +44 (0)20 7404 4023 • **E:** memberservices@ciarb.org • **W:** www.ciarb.org

This form is also available online: [www.ciarb.org/joining-us](http://www.ciarb.org/joining-us)

## PART I - Administration

Please send this application, together with supporting documentation (copies only please, they will not be returned) to:

**Membership Department, CI Arb, 12 Bloomsbury Square, London WC1A 2LP**

**T: +44 (0)20 7421 7497 F: +44 (0)20 7404 4023 E: memberservices@ciarb.org** together with a credit card authorisation/cheque made payable to: The Chartered Institute of Arbitrators for:

- 1 The first year's subscription as set out in the Subscription Rates table (available on our website).
- 2 A non-refundable Application Fee of £90

To process your application we must receive payment of the non-refundable Application Fee plus at least, the Associate grade subscription.

Please calculate the cost of joining today as follows:

<b>Application Fee:</b>	<b>£ 90</b>	<b>.</b>	<b>00</b>	
<b>Subscription:</b>	<b>£</b>	<b>.</b>		(pro-rated from your date of joining, see Subscription Rates table (available on our website)).
<b>= Total</b>	<b>£</b>	<b>.</b>		

### Methods of payment

Please note: If you have a UK-based bank account, the simplest and most convenient way to pay is by Direct Debit. If you would like to set up a direct debit, please complete and return the direct debit mandate enclosed.

**Please tick your preferred payment option\*:**

#### Debit/Credit Card

Please debit my:  Visa  MasterCard  Maestro/Switch

Amount:

Issue Number:

Valid From (mm/yy):  /  /  /  Expiry Date (mm/yy):  /  /  /

Name on Card:

Card Number:

Security Number (last three digits of number in signature strip on back of card):

Signature:  Date:  /  /  /

We take payments in several different currencies including Euro, Hong Kong Dollar, Yen, US Dollar, Australian Dollar, Canadian Dollar, Danish Krone, Norwegian Krone, Swedish Krone and Swiss Franc. If paying by credit card, you will be charged in your card billing currency at the Reuters exchange rate of the day plus 3% margin. This competitive exchange rate is supported by a Best Rate Guarantee through our merchant service provider and can be advised on the day. If you wish to pay in GBP please tick here  as these transactions cannot be reversed.

#### Cheque/Bank Draft

Please find enclosed a cheque/bank draft made payable to 'The Chartered Institute of Arbitrators' for the amount of: **£**

Any payment made by cheque/bank draft should be made in Pounds Sterling. For payments in currencies other than Sterling, the equivalent of £15.00 must be added to your payment to cover bank charges.

#### Bank Transfer

I completed a bank transfer on (dd/mm/yy)  /  /  /  for: **£**  (Please attach a copy)

Please make payable to CI Arb, HSBC Bank, 31 Holborn, London, EC1N 2HR, United Kingdom. Sort Code: 40 05 03, Account Number: 31288784, International Bank Account Number (IBAN): GB38MIDL40050331288784, Branch Identifier Code (BIC): MIDLGB2115N.

Signature:  Date:  /  /  /

\* Please do not send cash to CI Arb by post. If you wish to make a payment in cash, you may do so in person.



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evolving to resolve

## Checklist

Please check to ensure the following have been carried out before the form is sent to CI Arb:

- |  |   |
|--|---|
| <input type="checkbox"/> All sections of the form have been completed.                       | <input type="checkbox"/> The correct fee is enclosed                          |
| <input type="checkbox"/> You have enclosed all copies of relevant certificates and documents | <input type="checkbox"/> You have signed and dated the declaration            |
|  | <input type="checkbox"/> You have completed the Data Protection Act questions |

## Membership Regulations

### Membership application and election

An application for membership may be made by the completion of an approved Membership Application Form and the submission of such form to the Executive of the Institute.

Membership Application Forms must contain an applicant's name, his or her address, a disclosure of any prior record of misconduct, disciplinary proceedings or criminal convictions, a signed or if made online accepted declaration, the payment of the prescribed application fee and the current subscription fee for the relevant grade of membership, as notified on the Institute's website from time to time.

The Executive reserves the right to ask an applicant for further and better particulars of his or her application and/or the necessary amount of payment in settlement of the prescribed application fee and the current subscription fee.

All completed applications will be reviewed in accordance with the Institute's approved procedure, as published on its website from time to time; and in particular, whether an individual applicant meets the minimum criteria for membership at a particular grade of membership of the Institute.

Within five working days from the receipt of a complete Membership Application Form, the Executive will either send an acknowledgement of the application to the applicant, or inform the applicant of the outcome of his or her application or, if necessary, request further and better particulars of the application.

An applicant will be awarded the highest grade of membership based on the information provided. If the grade awarded is higher than the grade of Associate, the applicant will be notified by the Executive in writing that he or she has been awarded that grade and the amount of the additional subscription due. Unless the applicant informs the Executive within thirty days of such notification that he or she does not wish to be awarded a grade higher than Associate, he or she will be liable for the appropriate rate of subscription fee for the grade awarded.

An applicant may appeal against a decision regarding his or her eligibility for membership of the Institute, in writing, to the Executive, within thirty days of being notified of a decision on his or her application. The appeal will be dealt with in accordance with the Institute's approved procedure.

If, for whatever reason, an application for membership is unsuccessful, the accompanying payment less the non-refundable application fee will be refunded on request to the Executive.



**Chartered Institute of Arbitrators**

12 Bloomsbury Square, London, WC1A 2LP, UK

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**F:** +44 (0)20 7404 4023

**E:** [memberservices@ciarb.org](mailto:memberservices@ciarb.org)

**W:** [www.ciarb.org](http://www.ciarb.org)