**Structured Learning and Development**

## Form of Undertaking

**1. Personal Details**

|  |  |
| --- | --- |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Membership Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Membership Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Joining CIWM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

I have readthe CIWM Structured Learning and Development Guidance documents and I wish to participate in the SLD scheme in order to further my knowledge and experience of wastes management. I agree to complete a training log which will be returned to the Institution in four annual instalments.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Mentor’s Details**

|  |  |
| --- | --- |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Membership Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Membership Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Joining CIWM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

I have read the CIWM Structured Learning and Development Guidance Documents and I undertake to Mentor the above Member during the course of their Structured Learning and Development programme.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Employer’s Details**

# To be completed by your supervisor/training manager

|  |  |
| --- | --- |
| Company Name   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read the CIWM Structured Learning and Development Guidance Documents and I undertake to offer every opportunity to the above Member to develop their knowledge and experience during the course of their Structured Learning and Development programme.

**Please return to: Education & Training Department**

**Chartered Institution of Wastes Management**

**9 Saxon Court**

**St. Peter’s Gardens**

**Marefair**

**Northampton**

**NN1 1SX**

**Email:education@ciwm.co.uk**