



**Chartered Quality Professional transfer form**

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**Please return to the CQI, 2<sup>nd</sup> Floor North, 10 Furnival Street, London EC4A 1AB**

Your name:.....

Your membership number:.....

Date of birth:.....

Email address:.....

I would like to transfer my membership grade to Chartered.

I agree to plan and undertake continual professional development and **keep records** of the following and submit them on request from the CQI if selected as part of the sampling:

- Identified personal learning objectives for the coming year
- Plan and record of learning activities and outcomes
- Assessment of the extent to which learning objectives have been achieved over the past year

I understand that if I do not provide appropriate and adequate CPD records on request, I may be re-graded to the equivalent non-chartered grade and I will be precluded from using the letters 'CQP' after my name.

Signed ..... Date:.....

If you would prefer your name in a different format on your certificate please write it clearly below:

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