



SOCIETY OF COSMETIC SCIENTISTS

Fellowship Grade Application

Thank you for your interest in applying to obtain the Fellowship Grade of the Society of Cosmetic Scientists. Please complete all required parts of the form and add any further information you feel is relevant. Then ask two current full members of the Society/members of a Society affiliated to the IFSCC to sign as referees.

Please mail the completed form to the address below, enclosing the appropriate fees for the Fellowship Grade for which you are applying.

Cheques should be made payable to **Society of Cosmetic Scientists**

To pay by credit card contact the **Society of Cosmetic Scientists** for information or insert your card number in the space provided on page 2.

Application Fee £100 and an **Annual Membership Fee** of £95

Standards for Fellowship application of the SCS

To become a fellow of the SCS you need to demonstrate

- 1 A personal commitment to the SCS through contribution and participation
 - 2 Promoting the cosmetics industry through science, education and innovation
- Applicants must have the knowledge, experience and expertise to contribute both to the industry and the Society.
 - Applicants must recognise an obligation to the Society and the industry.
 - Applicants must be competent throughout their working lives by virtue of their education, training, participation, experience and commitment.
 - Applicants must support continual learning and development both for themselves and others
 - Applicants must have a minimum of 10 years' continuous full membership of the SCS and have reached a high level of contribution both to the Society and industry.
 - Applicants are expected to demonstrate achievement in a number of areas listed on Page 3.

Should you consider you meet the requirements above you must apply to the SCS and support your application with a variety of documents including a CV, evidence of SCS involvement, contribution to education and a minimum of two referees.

Please return the completed form to:

The Society of Cosmetic Scientists
Suite 109, Christchurch House, 40 Upper George Street, Luton, Bedfordshire, LU1 2RS United Kingdom

Please refer any questions to:

Gem Bektas (Secretary General) or Mel Cheekoory (SCS Administrator)
Telephone +44 (0)1582 726661 Fax +44 (0)1582 405217 E-mail secretariat@scs.org.uk

When your application has been approved, your Fellowship application will be confirmed to you in writing. We look forward to welcoming you as a Fellow of the SCS.

Honorary Secretary and Chairman of Membership Committee

Completion is obligatory in all sections marked *

June 2017

Personal Details* (Please fill in each box with your details)

Title (Mr, Miss, Mrs, Dr, etc)	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth
First Name	Middle Initial(s)	Surname	
Letter (MRSC, MIBIOL, etc)			

Category applied for: Fellowship*

Please note: In order to apply for the Fellowship Grade we will require an application fee of £100 (non-refundable) along with an *initial* Annual Membership Fee of £95 (Refundable if your application is unsuccessful)

<input type="checkbox"/> Application Fee (£100 Enclosed)	<input type="checkbox"/> Annual Membership Fee (£95 Enclosed)	<input type="checkbox"/> Credit Card No. _____
		<input type="checkbox"/> Cheque No. _____

Employment Status Which of the following best describes your current employment status?

<input type="checkbox"/> Employed	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired
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Employment History*

Current Employer	From	To
Job Title		
Brief Job Description and nature of your Employer's business (and job title of your line manager) <i>Maximum 850 characters</i>		

Employer	From	To
Job Title		
Brief Job Description and nature of your Employer's business <i>Maximum 850 characters</i>		

Employer	From	To
Job Title		
Brief Job Description and nature of your Employer's business <i>Maximum 850 characters</i>		

Supporting evidence*

1 Essential

Minimum of 10 continuous years as a **Full Member** of the SCS

Please provide supporting evidence here:

2 Promoting and supporting the SCS through participation and contribution (Tick as appropriate)

- | | |
|--|---|
| <input type="checkbox"/> Officer of Council | <input type="checkbox"/> Active member of Council |
| <input type="checkbox"/> President of Council | <input type="checkbox"/> SCS Committee Chair |
| <input type="checkbox"/> Active SCS Committee Member | <input type="checkbox"/> Attendance at SCS lectures in person |
| <input type="checkbox"/> Attending SCS lecture online individually or in a group | <input type="checkbox"/> Contributing to the SCS Newsletter |
| <input type="checkbox"/> Writing up SCS lectures | <input type="checkbox"/> Social / Event organisation |
| <input type="checkbox"/> Mediating lectures at SCS Formulate | <input type="checkbox"/> Recruiting members |
| <input type="checkbox"/> Promoting the SCS | <input type="checkbox"/> Attending the SCS AGM |

Please provide supporting evidence here for each of the above boxes that you have ticked:

3 Promoting the cosmetic industry through science, education and innovation (Tick as appropriate)

- | | |
|---|--|
| <input type="checkbox"/> Presenting a lecture(s) at an SCS event | <input type="checkbox"/> Submission of paper to IJCS or accredited journal |
| <input type="checkbox"/> Contributing magazine article(s) (SPC, PC etc) | <input type="checkbox"/> Attending SCS Annual Scientific Meeting |
| <input type="checkbox"/> Attendance at other accredited societies' events | <input type="checkbox"/> LCF Award |
| <input type="checkbox"/> DLC Award | <input type="checkbox"/> Graduation from DLC |
| <input type="checkbox"/> Graduation from LCF | <input type="checkbox"/> Graduation from other accredited educational institutions |
| <input type="checkbox"/> IFSCC - Poster, Podium presenter | <input type="checkbox"/> Attending PPCS (& awards) |
| <input type="checkbox"/> Active School or University Ambassador | <input type="checkbox"/> Peer mentoring |
| <input type="checkbox"/> Presenting Company Internal Training | <input type="checkbox"/> Patent applications |
| <input type="checkbox"/> Prize Winning/Technical Innovation | <input type="checkbox"/> DLC markers, setters and content contribution |

Please provide supporting evidence here for each of the above boxes that you have ticked:

Declaration*

If my application is successful, I undertake to uphold the Constitution and Rules of the Society for as long as I continue to be a member. I confirm that the information given on this form and any attachment is correct to the best of my knowledge.

Signature

Date

Data Protection

If you do not wish the Society to publish personal information you have supplied please tick the box.

The SCS Privacy Policy is detailed on the SCS website www.scs.org.uk

Referees*

The application is to be filled in and signed by two referees who are current full members of the Society or a full member of a Society affiliated to the IFSCC.

Name of First Referee

Society Member status (✓) Full Member

Company/Institution and Address

How long have you known the applicant?

In what capacity? (✓)

Professional

Personal

Signature

Date

Name of Second Referee

Society Member status (✓) Full Member

Company/Institution and Address

How long have you known the applicant?

In what capacity? (✓)

Professional

Personal

Signature

Date

For Office use only

Action

Date

Council approval of Fellowship status

Grade

Review date if applicable
