



College of Applied Biology / Royal Society of Biology Mutual Recognition Agreement Authorization Form

The following information must be provided in order to apply for Registered Professional Biology (RPBio) title under the Mutual Recognition Agreement between the College of Applied Biology (CAB) and the Royal Society of Biology (RSB).

APPLICANT

| Name: | | | | |
|---------------------|--------------|--------------|--------------|--|
| Address: | | | | |
| RSB Membership Nu | mber: | | | |
| Level of Education: | 🗆 QAA-FHEQ 6 | 🗆 QAA-FHEQ 7 | 🗆 QAA-FHEQ 8 | |

In order to proceed with this application, the CAB must obtain certain information from the RSB. By submitting this form to the RSB, you confirm that the RSB Registrar may release this information to the Registrar of the CAB.

I hereby give permission for the RSB Registrar to release the information requested by the CAB register.

| Signed: | _ Date: | | |
|---|-------------------------------|----------------|--|
| Applicant: mail CAB/RSB MRA Authorization Form to: Royal Society of Biology 1 Naoroji Street, London WC1X 0GB | | | |
| ROYAL SOCIETY OF BIOLOGY REGISTAR: I hereby confirm that: | | | |
| (C.Biol Full N | Name) | | |
| Is a CBiol in good standing with the RSB | □ Yes | 🗆 No | |
| Is not presently the subject of a discipline action/enquiry | □ Yes | 🗆 No | |
| In the event the answer to any of the above questions is N appropriate on a separate sheet. | No, please provide additional | information as | |
| Signed: | Date: | | |
| RSB Registrar | | | |

RSB Registrar: please place this form in a sealed envelope and forward to: Registrar, College of Applied Biology #205-733 Johnson Street, Victoria, B.C., Canada, V8W 3C7