College of Applied Biology / 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 Society of Biology (SB).

APPLICANT

Name: _____

Address: _____

SB Membership Number: _____

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 SB. By submitting this form to the SB, you confirm that the SB Registrar may release this information to the Registrar of the CAB.

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

Signed: _____ Date: _____

Applicant: mail CAB/SB MRA Authorization Form to:
Society of Biology
Charles Darwin House, 12 Roger Street,
London, WC1N 2JU.

SOCIETY OF BIOLOGY REGISTAR:
I hereby confirm that: _____
(C.Biol Full Name)

Is a CBiol in good standing with the SB ☐ 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 No, please provide additional information as appropriate on a separate sheet.

Signed: _____ Date: _____
SB Registrar

SB 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