Member Application Form

**Please ensure you enclose your Initial Professional Development report, a log of your CPD for the last 2 years and copies of your certificates**

Personal Details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title |  | First Name(s) |  | Family Name |  |
| Home Address Line 1 | |  | | Personal Mobile |  |
| Home Address Line 2 | |  | | Personal Email |  |
| Home Address Line 3 | |  | | Home Telephone |  |
| Town/City | |  | |  |  |
| County/State | |  | | Gender |  |
| Post/Zip Code | |  | | Date of Birth |  |
| Country | |  | | Non-IFE Post Noms |  |
| Current IFE Membership Grade and Number (if applicable) | | | |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Organisation |  | | Website |  | |
| Work Address Line 1 |  | | Work Mobile |  | |
| Work Address Line 2 |  | | Work Email |  | |
| Work Address Line 3 |  | | Work Telephone |  | |
| Town/City |  | |  |  | |
| County/State |  | | Job Title |  | |
| Post/Zip Code |  | | Reporting To |  | |
| Country |  | Date Employment Started (dd/mm/yy) | | |  |
| Those Reporting Directly to You | | Your Main Responsibilities | | | |

Present Employment

|  |  |
| --- | --- |
| Preferred Contact Details: | Home/Work |

Previous Employment

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Organisation |  | Job Title |  |
| Employed From (dd/mm/yy) |  | Employed To |  |
| Work Address Line 1 |  | Reporting To |  |
| Work Address Line 2 |  | Those Reporting Directly to You |  |
| Work Address Line 3 |  |
| Town/City |  |  |
| County/State |  |
| Post/Zip Code |  |
| Country |  |  |
| Your Main Responsibilities | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Organisation |  | Job Title |  |
| Employed From (dd/mm/yy) |  | Employed To |  |
| Work Address Line 1 |  | Reporting To |  |
| Work Address Line 2 |  | Those Reporting Directly to You |  |
| Work Address Line 3 |  |
| Town/City |  |  |
| County/State |  |
| Post/Zip Code |  |
| Country |  |  |
| Your Main Responsibilities | | | |

Please continue on a separate sheet if necessary.

|  |  |
| --- | --- |
| Total Number of Years in Fire-Related Work |  |

Academic/Professional Qualifications

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| IFE Units/Qualifications |  | | | | Year Obtained | |  |
|  | | | | | | | |
| Name of College/University | |  | | | | | |
| Town | |  | | Country | |  | |
| Name of Course | |  | | | | | |
| Course Start Date | |  | | Course End Date | |  | |
| Qualification | |  | | | | | |
| Class or Grade | |  | | Year Obtained | |  | |
|  | |
| Name of College/University | |  | | | | | |
| Town | |  | | Country | |  | |
| Name of Course | |  | | | | | |
| Course Start Date | |  | | Course End Date | |  | |
| Qualification | |  | | | | | |
| Class or Grade | |  | | Year Obtained | |  | |
| Please continue on a separate sheet if necessary.  Professional Body Membership(s) | | | | | | | |
| Name of Professional Body | | |  | | | | |
| Grade/Class of Membership | | |  | Date Granted | |  | |
|  | | | | | | | |
| Name of Professional Body | | |  | | | | |
| Grade/Class of Membership | | |  | Date Granted | |  | |
|  | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Training | | | |
| Name of Course Provider |  | | |
| Name of Course |  | | |
| Course Start Date |  | Course End Date |  |
| Course Objectives |  | | |
|  | | | |
| Name of Course Provider |  | | |
| Name of Course |  | | |
| Course Start Date |  | Course End Date |  |
| Course Objectives |  | | |
|  | | | |
| Name of Course Provider |  | | |
| Name of Course |  | | |
| Course Start Date |  | Course End Date |  |
| Course Objectives |  | | |

Please continue on a separate sheet if necessary.

The Institution of Fire Engineers (IFE) takes your privacy seriously and treats all personal information in accordance with EU/UK data protection legislation. When completing this form, the IFE requests the minimum information necessary to process your application. The information you provide in this application form will be used by the IFE and its representatives for administrative and membership purposes or as required by law.  Please view our Privacy Policy <https://www.ife.org.uk/Privacy> for more information.

I certify that all statements and answers given on this form and any attachments thereto are to the best of my knowledge true in substance and are made in good faith. I confirm that I have read the relevant sections of the IFE’s Rules of Membership available at <https://www.ife.org.uk/About-IFE-Membership>

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

**Note: please ensure you have signed the application form by hand, or scanned in an electronic copy of your signature. Your application will not be accepted without a signature**