

Graduate Application Form

KEY IN INFORMATION, INSERT DIGITAL SIGNATURE AND RETURN FORM BY EMAIL

ALTERNATIVELY, PRINT OFF THE FORM, WRITE IN BLOCK CAPITALS USING BLACK INK AND SIGN

Personal Details

Title		First Name(s)		Family Name	
Home Add	ress Line 1			Personal Mobile	
Home Add	ress Line 2	:		Personal Email	
Home Add	ress Line 3			Home Telephone	
Town/City				Gender	MALE / FEMALE/NON-BINARY/NOT
					DISCLOSED
County/Sta	ate			Date of Birth	
Post/Zip C	ode			Non-IFE Post	
				Nominals	
Country				Your local branch	
Current IFE	E Members	hip Grade and N	lumber (if		
applicable)					
Work Addr	ess Line 1			Work Mobile	
Work Addr	ess Line 2			Work Email	
Work Addr	ess Line 3			Work Direct Dial	
Town/City				Job Title	
County/Sta	ate				
Post/Zip C	ode				
Country					

Preferred Contact Details:	Home / Work





Current Employment

Current employment status (delete as appropriate)	Employed / Self-Employed / Retired / Unemployed / Student in full time employment / Student not in full time employment / Other
Number of years in fire-related work	
Company Name	
Reporting To	
Date Employment Started	dd/mm/yyyy
Those Reporting Directly To You	
Your Main Responsibilities*	
*Please include plenty of detail regarding your personal role and responsibilities	

Previous Employment

Company Name	
Job Title	
Date Employment Started	
Date Employment Finished	
Your Main Responsibilities	

Please copy and repeat this table as necessary.





Academic/Professional Qualifications

Please ensure you have read the Qualification Guidance available here and have **attached** certificates as evidence of qualifications obtained needed to apply for this grade of membership.

IFE Units / Qualifications			Year obtained		
Name of College/University					
Name of Course					
Course Start Date		Course End Date			
Qualification					
Name of College/University					
Name of Course					
Course Start Date		Course End Date			
Qualification					
Please copy and repea	t this table as necessary.				
Other Professional Body Memberships					
Please ensure you have attached evidence of other memberships.					
Name of Professional Body					
Grade / Class of Membership		Evidence attached	Yes / No		

Please copy and repeat this table as necessary.





Conoral	Data	Protection	Regulation	(CDDD)
Generai	Data	Protection	Reduiation	(GDPR)

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 www.ife.org.uk/privacy for more information.

APPLICANT'S STATEMENT

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 agree that I shall abide by the IFE's Rules of Membership, the IFE Code of Conduct, the IFE Memorandum and Articles of Association and the byelaws, as they now are or as they may hereafter be. Where I do not, I agree that the IFE may take such action as is permitted in accordance with those regulations and policies.

SIGNATURE OF APPLICANT	DATE	

Please return completed application (by email), evidence of study and fee to:

The Institution of Fire Engineers Malaysia Branch

info@ife.org.my

Tel: 03-91012255

For further information, visit www.ife.org.uk



Issued: 08/2020Page 4 of 6Doc name: Graduate Membership Application



CPD Log

Please total the CPD hours at the end of the record: Formal hours will be credited as actual hours; Informal study activities are credited on a two for one basis, where two hours of informal study represents one hour of formal study. (For more details refer to IFE's CPD guidance).

As a result, to create the Total CPD hours, the total number of informal hours must be halved; before adding to the formal hours total. Please add new lines to this table as necessary.

Date DD/MM/YYYY	No. of Hours (Actual) Formal Informal		Theme & Activity	Learning Point(s) and how it can be applied





Totals	hrs	hrs	
Informal hrs ÷			
Grand Total	hrs		

