

Fellow Membership 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 Address Line 1			Personal Mobile	
Home Address Line 2			Personal Email	
Home Address Line 3			Home Telephone	
Town/City			Gender	MALE / FEMALE/NON-BINARY/NOT
				DISCLOSED
County/State			Date of Birth	
Post/Zip Code			Non-IFE Post	
			Nominals	
Country			Your local branch	
Current IFE Membershi	Current IFE Membership Grade and Number			
Work Address Line 1			Work Mobile	
Work Address Line 2			Work Email	
Work Address Line 3			Work Direct Dial	
Town/City			Job Title	
County/State				
Post/Zip Code				
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 <u>here</u> and have **attached certificates** as evidence of qualifications obtained needed to apply for this grade of membership

IFE Units/Qualifications	Year obtained	

h-	
Name of College/University	
Name of Course	
Course Start Date	Course End Date
Course Start Date	Course End Date
Qualification	
Name of College/University	
Name of Course	
Course Start Date	Course End Date
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Qualification	
Qualification	

Please copy and repeat 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.





Before you submit your application for Fellow membership, please ensure you have included the following documents (details on what to submit can be found <u>here</u> under the Fellow tile):

- Current CV
- Personal Statement
- Organisation Chart
- 2 x Referee Statements
- Supporting evidence should demonstrate significant individual responsibility and what you
 have contributed to the IFE during your time as a member including details of any volunteer
 work you carry out for the IFE and exceptional contribution to the fire engineering profession
 over an extended period.

General Data Protection Regulation (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 Membership and Registration Department, The Institution of Fire Engineers,

membership@ife.org.uk

For further information, visit <u>www.ife.org.uk</u> Note you may now apply for membership online if preferred

> Tel: +44 (0)1789 261463 Fax: +44 (0)1789 296426 E-mail: <u>membership@ife.org.uk</u>





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		Theme & Activity	Learning Point(s) and how it can be applied
	Formal	Informal		



Totals	hrs	hrs	
Informal hrs ÷ 2			
Grand Total	hrs		