



# MEMBERSHIP

Please note that the information you provide in this Application Form may be given to an external organisation working on behalf of the Institute, to verify the information presented in respect of your employment record, experience, professional memberships and industry related qualifications. All information received will be treated in the strictest confidence. Failure to disclose any relevant information may result in the Institute declining its offer of participation. By signing this Application Form, you give your permission for the Institute, or their appointed agents, to carry out whatsoever enquiries are deemed necessary, including searches of consumer credit records, and to retain that information on file.

## PERSONAL DETAILS

Title ( Mr, Mrs etc. )		Surname :	
Forename(s) :			
Previous name (s) :		Date Changed :	
		DAY MONTH YEAR	
Sex M / F :	Marital Status :	Date of Birth :	
		DAY MONTH YEAR	
National Insurance Number :		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Nationality :		Place of Birth :	
Decorations & Awards :			

← 35mm →

Please attach **TWO** passport size photographs

45mm ↑

Clip to application do **NOT** stick here

## PERSONAL ADDRESS

**Please provide your full address, including house name, door or apartment number, postcode etc.**

Your Address  ..... ..... ..... ..... ..... POST CODE <input style="width: 100px;" type="text"/>	Home Phone Number
	Fax Number
	Mobile
	Work Phone
	E-mail address
	Web site ( if applicable )

## EDUCATION

<b>Secondary Education</b> School name and address  ..... ..... .....	<b>Dates</b> From / To Mm / yyyy     <b>Dates</b> From / To Mm / yyyy	<b>Examination</b> Subjects & Grades  ..... ..... .....  <b>Course Details &amp; Results</b>  ..... ..... .....
<b>Further/Higher Education</b> College / University ( please note address )  ..... ..... .....		

**CONVICTIONS**

Have you ever been convicted of any Criminal Offence ?  
Please indicate by ticking the appropriate box, and if YES,  
provide details on a separate sheet of paper

**NO**

**YES**

I attach details  please tick

**CRB ASSESSMENT**

Accompanying your application we kindly ask that you provide us a copy of your CRB Report  
This obviously has to be initiated by yourself, and for your guidance we provide the following  
web link : <http://www.crb.homeoffice.gov.uk>  
the HOME page of this link provides all the information necessary

I attach details  please tick

**PROFESSIONAL QUALIFICATIONS/MEMBERSHIPS**

BODY/ ORGANISATION	Membership No	Date Attained mm/yyyy
.....		
.....		
.....		
.....		
.....		
.....		
.....		

**REFERENCES**

Please provide the names and job titles of two referees. These should be two people who are not related to you  
and who know you professionally, e.g., Another IPI Member, Solicitor, Accountant, Commanding Officer

<u>REFEREE 1</u>	<u>REFEREE 2</u>
<b>Name</b> .....	<b>Name</b> .....
<b>Job Title</b> .....	<b>Job Title</b> .....
<b>Address</b> .....	<b>Address</b> .....
.....	.....
.....	.....
<b>Tel No</b> .....	<b>Tel No</b> .....

**10-YEAR EMPLOYMENT HISTORY** ... Please continue over page for other appointments

Please detail all employment held over the last ten years, with your current or most recent employment first, use  
additional sheets, on next page if appropriate.

Company / Institution Name .....		1
Address .....		
.....		Post Code .....
Contact .....	e-mail .....	
Telephone .....	Fax .....	
Date Started dd / mm / yyyy	Date Finished dd / mm / yyyy	
Job Description .....		
.....		
May we approach this employer for a reference, please tick as appropriate YES <input type="checkbox"/> NO <input type="checkbox"/>		

**OTHER EMPLOYMENT HISTORY ....**

Company / Institution Name ..... **2**

Address .....  
 ..... Post Code .....

Contact ..... e-mail .....

Telephone ..... Fax .....

Date Started dd / mm / yyyy Date Finished dd / mm / yyyy

Job Description .....

Company / Institution Name ..... **3**

Address .....  
 ..... Post Code .....

Contact ..... e-mail .....

Telephone ..... Fax .....

Date Started dd / mm / yyyy Date Finished dd / mm / yyyy

Job Description .....

Company / Institution Name ..... **4**

Address .....  
 ..... Post Code .....

Contact ..... e-mail .....

Telephone ..... Fax .....

Date Started dd / mm / yyyy Date Finished dd / mm / yyyy

Job Description .....

**IF YOU ARE IN PRIVATE PRACTICE, PLEASE COMPLETE THE FOLLOWING**

If you own / part own the business, or are self-employed, please complete the following, do you act in ....

Your Business / Trading Name .....  
 Trading Address .....  
 ..... Post Code .....

Nature of Your Business .....  
 Date Trading commenced dd / mm / yyyy .....

... Capacity of tickbelow  
 Sole Trader   
 Director   
 Partner

Have you or your company ever been the subject of a formal investigation YES  NO   
 If YES please provide details on a separate sheet of paper

**DIRECTORSHIPS HELD** *Please list all held within the last ten years*

.....  
.....  
.....  
.....  
.....

**IF YOU ARE AT PRESENT SERVING, OR HAVE PREVIOUSLY SERVED IN A POLICE FORCE OR CONSTABULARY, please complete the following**

Force / Constabulary  
.....

ID Number ..... Rank .....

Date of Service : Commenced mm / yyyy Terminated mm / yyyy  
.....

Reason for Termination  
( *please supply a copy of your Discharge Certificate* )  
.....  
.....

**IF YOU ARE AT PRESENT SERVING, OR HAVE PREVIOUSLY SERVED IN HM FORCES please complete the following**

Regiment / Corps / Unit  
.....

Service No ..... Rank .....

Date of Service : Enlistment mm / yyyy Discharge mm / yyyy  
.....

Reason for Discharge  
( *please supply a copy of your Discharge Certificate/Testimonial* )  
.....  
.....

**APPLICATION SUPPORT INFORMATION**

Please supply any information which you consider may be of assistance to the Admission's Committee in assessing your application.

Full Membership of the Institute is officially accepted as a Professional Qualification. This can only be granted to those who provide sufficient information to prove that their combined knowledge and experience is at the appropriate/required level.

Applicants starting out in investigation and/or those with an intermediate level of knowledge and experience but not such that it would qualify them for full membership, may be accepted as an Associate. Progression is then by taking appropriate examination.

It is the responsibility of the Applicant to provide sufficient information together with all necessary documentary evidence to allow the Admissions Committee to grant participation at the appropriate level.

**Please turn to the next page to complete your application**

## MEMBERSHIP

A non-returnable Registration Fee of £ 58.75 ( which incorporates a £ 5 fee for Consumer Credit checks and VAT ) is required to process your application

I intend to pay via, please tick as appropriate :

A  cheque/International Money Order in the sum of £ 58.75 pounds Sterling, being my non-returnable registration fee.

B  Credit Card in the sum of £ 58.75 pounds Sterling, being my non-refundable registration fee - details of my credit card are as noted below :

### CREDIT CARD DETAILS

Name ( as shown on your credit card )	
Please debit my <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/>	
in the amount of £ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> in figures	
Valid from mm/ yyyy	Valid to mm / yyyy
Signature	Name printed
	Date
Address for credit card purposes If same as home address, ..... tick here <input type="checkbox"/> .....	

Security number  
on reverse of card

5436 657

### TO PROCESS YOUR APPLICATION YOU MUST READ AND SIGN THIS DECLARATION

**I have read and understood** the Objects and Code of Ethics of the Institute, as highlighted on the Institute's web site and agree to uphold them and abide by the clauses referring to membership.

**I confirm that the information given** in this application is true to the best of my knowledge and belief

**I hereby give permission to the Institute** and/or their appointed agents, to make enquiries, take up references and carry out searches of publicly available databases, as may be deemed necessary in order to verify the information presented in this application and further give my permission for any data collected, to be processed, stored and passed between other organisations, in whatever format deemed appropriate by the Institute.

**I understand that** the decision of the Board of Governors on this application is final and that all information obtained will be kept confidential.

**I enclose** my non-refundable registration fee of £ 58.75, or instructions accordingly, together with two passport type photographs clipped to this application for my Identity Card.

Signature

Date

Please PRINT your name :

### PLEASE NOTE THE FOLLOWING

The Institute reserves the right to determine the membership category in which applicants may be invited to participate. In the event of the rejection of your application, the Institute reserves the right not to disclose its reasons for rejection. The current membership rates are displayed on the members page of the Institute's web site [www.ipi.org.uk](http://www.ipi.org.uk), or can be obtained from the Institute's Secretariat at  
Claremont House, 70-72 Alma Road, Windsor, BERKS., SL4 3EZ  
telephone 0870 330 8622

**ADDITIONAL INFORMATION YOU MIGHT CONSIDER APPROPRIATE FOR  
THE INSTITUTE TO CONSIDER YOUR APPLICATION**

Blank lined area for providing additional information.