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.

PROSPECTIVE MEMBERS WILL BE CALLED FOR AN INTERVIEW ONCE THE INFORMATION HEREON HAS BEEN CHECKED AND REFERENCES RECEIVED, PROSPECTIVE MEMBERS MAY ALSO BE ASKED TO TAKE A SHORT WRITTEN EXAMINATION WHICH WILL BE ARRANGED AT THE PLACE OF INTERVIEW,
WHICH WILL BE AS LOCAL AS POSSIBLE FOR THE CANDIDATE

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 :	
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	**Home Phone Number**
	Fax Number
	Mobile
	Work Phone
	E-mail address
POST CODE	**Web site (if applicable)**

EDUCATION

Secondary Education *School name and address*	**Dates** *From / To* *Mm / yyyy*	**Examination** *Subjects & Grades*
Further/Higher Education *College / University (please note address)*	**Dates** *From / To* *Mm / yyyy*	**Course Details & Results**

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

REFEREE 1

Name .....
Job Title .....
Address .....
.....
.....
Tel No .....

REFEREE 2

Name .....
Job Title .....
Address .....
.....
.....
Tel No .....

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.

1

Company / Institution Name .....

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 ☐ NO ☐

OTHER EMPLOYMENT HISTORY ....

2

Company / Institution Name .....

Address .....

..... Post Code .....

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

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

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

Job Description .....

3

Company / Institution Name .....

Address .....

..... Post Code .....

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

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

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

Job Description .....

4

Company / Institution Name .....

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*

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.....

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/Testimonal) .....

.....

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 £ 50.00 (which incorporates a £ 5 fee for Consumer Credit checks) is required to process your application

I intend to pay via, please tick as appropriate :

A ☐ cheque/International Money Order in the sum of £ 50.00 pounds Sterling, being my non-returnable registration fee.

B ☐ Credit Card in the sum of £ 50.00 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 ☐☐☐☐/☐☐☐☐/☐☐☐☐/☐☐☐☐

VISA ☐ MASTERCARD ☐

in the amount of £ ☐☐☐.☐☐ 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 ☐

.....

.....

TO PROCESS YOUR APPLICATION YOU MUST READ AND SIGN THIS DECLATATION

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 £ 50.00, 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,or can be obtained from the Institute's Secretariat at Jubilee House, 3 The Drive, Brentwood, Essex., CM13 3FR telephone 01707 371144

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