# **Student 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**

**APPLICANTS MUST BE FOLLOWING AN ONGOING PROGRAMME OF STUDY. EVIDENCE OF THE COURSE PROGRAMME MUST ACCOMPANY THIS APPLICATION. STUDENT MEMBERSHIP WILL BE VALID FOR UP TO FIVE YEARS AT WHICH POINT STUDENTS WILL BE REQUIRED TO UPGRADE THEIR MEMBERSHIP OR TRANSFER TO AFFILIATE STATUS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL DETAILS** | | | | | | |
| SURNAME |  | | | | | |
| FIRST NAME(S) |  | | | | | |
| TITLE |  | | DATE OF BIRTH *dd/mm/yy* | |  | |
| POST NOMINALS |  | | GENDER *delete as applicable* | | | MALE / FEMALE/NON-BINARY/NOT DISCLOSED |
| JOB TITLE *if applicable* |  | | | | | |
| EMPLOYER *if applicable* |  | | | | | |
| CORRESPONDENCE ADDRESS |  | | | | | |
|  | | | | | |
|  | | | | | |
| TOWN / CITY |  | | | | | |
| POSTCODE |  | COUNTRY | |  | | |
| TELEPHONE |  | | | | | |
| MOBILE TELEPHONE |  | | | | | |
| E-MAIL |  | | | | | |
| DETAILS OF ANY PREVIOUS OR EXISTING MEMBERSHIP OF THE IFE | HAVE YOU EVER BEEN A MEMBER OF THE IFE?  YES  NO  IF YES, PLEASE COMPLETE THE FOLLOWING:  MEMBERSHIP NUMBER       GRADE | | | | | |

|  |  |
| --- | --- |
| **EMPLOYMENT STATUS** | |
| CURRENT EMPLOYMENT STATUS | Employed / Self-employed / Retired / Unemployed / Student in full time employment / Student not in full time employment / Other | |

|  |  |  |  |
| --- | --- | --- | --- |
| **COURSE DETAILS – REMEMBER TO ATTACH EVIDENCE OTHERWISE YOUR FORM WILL NOT BE PROCESSED** | | | |
| NAME OF EDUCATION PROVIDER |  | | |
| FULL NAME OF COURSE |  | | |
| START DATE |  | END DATE |  |
| QUALIFICATION |  | | |
| PLEASE DETAIL BELOW TYPE OF EVIDENCE OF COURSE / STUDY PROGRAMME YOU HAVE ATTACHED TO THIS FORM WHICH REFLECTS THE CURRENT STUDY YEAR - FOR EXAMPLE LETTER FROM YOUR EDUCATION PROVIDER, LETTER FROM YOUR EMPLOYER, COPY OF ENROLMENT LETTER: | | | |
|  | | | |

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| --- | --- | --- | --- |
| **PROFESSIONAL, ENGINEERING and / or SCIENTIFIC BODY MEMBERSHIPS** | | | |
| 1. Have you ever been subject to disciplinary action (or equivalent) by the IFE or another professional body?   Yes  No  (if Yes, answer 2, 3 and 4. If No, do nothing.)   1. Please provide evidence of the outcome of this action. 2. Please provide the expiry date of any sanction or outcome date if no sanction was issued. 3. Please provide evidence of remediation, rehabilitation, or learning undertaken. | | | |
| **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](http://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 |  |

For further information, visit [www.ife.org.uk](http://www.ife.org.uk)

Tel: +44 (0)1789 261463

E-mail: [membership@ife.org.uk](mailto:membership@ife.org.uk)