**INSTITUTE OF CIVIL PROTECTION & EMERGENCY MANAGEMENT**

Application for admission as a Student

**Please read the notes before completion**. This form should be completed in BLOCK CAPITALS and black ink. Continuation sheets may be used as necessary and any documents supporting the application should be submitted with this form, referring to the relevant section within the Application Form. A Curriculum Vitae may be included as evidence but will not be accepted as a substitute for any section of this application.

| **Section 1 - PERSONAL INFORMATION** |  |
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| Family name:  |       |  |
| Given names:  |       |  |
| Title (Dr, Mr, Ms, etc.):  |       |  |
| Nationality:  |       |  |
| Awards/Designatory letters:  |       |  |
| Date of birth:  |       | Gender (M/F): |       |

| **Section 2 - CONTACT INFORMATION (Type or use block letters please)**  |
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| Home Address:  | Business Address:  |
| Name/No:  |       | Job Title:  |       |
| Street:  |       | Organisation:  |       |
| Locality/Town:  |       | Locality/Town:  |       |
| State/County:  |       | State/County:  |       |
| Zip/Postcode:  |       | Zip/Postcode:  |       |
| Email:  |       | Email:  |       |
| Tel:  |       | Tel:  |       |
| Fax:  |       | Fax:  |       |
| Cell/Mobile:  |       | Cell/Mobile:  |       |

**Preferences**

Please send all my mail to my: Personal email address ☐ Academic email address ☐

| **Section 3 - ACADEMIC QUALIFICATIONS (Please see note 1 & list most recent first.)**  |
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| Awarded by (Institution)  | From  | To  | Full/Part Time | Qualifications awarded  |
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| **Section 4 - PROFESSIONAL QUALIFICATIONS (Please see note 1 & list most recent first.)**  |
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| Awarded by (Professional body)  | From  | To  | Full/Part Time | Qualifications awarded  |
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| **Section 5 - FORMAL/ACCREDITED TRAINING (Please see note 2 & list most recent first.)**  |
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| Course title  | From  | To  | Full/Part Time | Training provider  |
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| **Section 6 - PRACTICAL EXPERIENCE (Please list the most recent first.)**  |
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| Appointment  | Organisation | From  | To  | Experience  |
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| **Section 7 - PROFESSIONAL MEMBERSHIP PROFILE (Membership of Professional bodies/institutions)**  |
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| Institution (please provide membership or other registration number) | Class of Membership (include permitted post-nominals)  |  | Date granted  |
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| **Section 8 - Additional information (Pertinent information not recorded elsewhere. Please use separate sheet if required)** |
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**Section 9** - To assist the Institute in monitoring the recruitment of new members we would be grateful if you could indicate how you became aware of the ICPEM and your reason for joining

| **Section 10 – Academic Nominator**  |
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| Nominator (Please see note 3):  |  |
| Family name:  |       |
| First name:  |       |
| Title:  |       |
| Address:  |       |
| Post/Zip code:  |       |
| Email:  |       |
| Tel:  |       |
| Cell/Mobile:  |       |
| I, being a faculty member of,       (please insert the name of your academic institution) hereby support this application. |
| Course name |  |
| Course start date |  |
| Course end date |  |
| Signature |  |
| Date |       |

| **Section 11 - Undertaking**  |
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| I hereby apply for membership of the Institute of Civil Protection and Emergency Management and I will abide by its rules, regulations, bylaws and constitution. To the best of my knowledge all information provided by me and contained in this application is true and accurateI understand that any attempt to mislead will result in non-acceptance by, or removal from, the ICPEM. I agree that my nominated referee may be approached for additional information regarding my application. Some personal details are listed in the ICPEM membership directory, (a contact telephone number, your current email address). Please tick the box if you **DO NOT** wish these details to be released and made available to other members. ☐I enclose:* Evidence of academic and/or professional qualifications
* Evidence of practical experience
* Evidence of formal training
* Continuation sheet(s) as required
* Administration fee of £20 via the [website](https://www.theicpem.org/donate?utm_campaign=c9947be5-273a-424c-b086-fb1b328fa529&utm_source=so&utm_medium=mail&utm_content=139ffa4f-a98c-4d19-93e0-6e0d1c90b9b8)

Signature of applicant: Date:      Print name:       |
| I hereby apply for: (please mark the relevant grade) |
| Student Membership | ☐ £30  |
| Annual Subscription Fee | ☐ I confirm that upon admission as a member I will pay the annual subscription fee at the student rate [via the website](https://www.theicpem.org/donate?utm_campaign=c9947be5-273a-424c-b086-fb1b328fa529&utm_source=so&utm_medium=mail&utm_content=139ffa4f-a98c-4d19-93e0-6e0d1c90b9b8). |
| **Please send your completed application to: The Membership Secretary:** **membership@theicpem.org** |

**Notes**

1. Any academic or professional qualifications you wish to be noted whether or not they are relevant to emergency management.
2. Formal training relating to the disciplines of emergency management. Short workshops, conferences and seminars do not count for this purpose but may be attached as evidence of continuous professional development
3. Individuals applying for membership should seek the support of a nominee who should be a full member of the institute. (If you do not know a full Member, you can alternatively nominate a referee – see Note 4 below)
4. A referee is a person of standing who knows the applicant well, is not related or residing at the same address, and to whom the Executive Council can address any queries as to suitability for membership. Only candidates without a nominee will need have a referee sign their application form
5. Applications will be dealt with at the next Executive Council meeting after submission. Candidates will be informed of any delays
6. Full members may use the post-nominal MICPEM and Fellows FICPEM
7. Completed application forms should be forwarded to the Institute from where additional forms may be obtained

**Data Protection Act**The Institute of Civil Protection and Emergency Management (ICPEM) (herein referred to as 'The Institute') is committed to following the eight principles laid out in the Data Protection Act 1998 and the General Data Protection Regulations 2018. Any data supplied by an individual to the Institute will not be used in a manner, which is contrary to these principles. Data will be used for the purposes of candidate registration, the provision of consultancy and the dissemination of information related to the Institute’s purpose. Data will be held in a secure manner, protected from unauthorised access and use, and not be passed to a third party unless consent is first obtained from any individual

**Right of access**
You have the right of access to all your personal records held on the Institute’s files by written request to **membership@theicpem.org**

**Change of details**
The Institute has a legal responsibility to ensure that all personal details held in its records are accurate and kept up to date. In order to assist in this process you are requested to notify the Institute immediately of any changes to the details provided in this form. Changes of details or requests for additional forms should be directed to **membership@theicpem.org**