

# Graduate 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/<br>NOT DISCLOSED |
| County/State  |  |               |  | Date of Birth         |  |
| Post/Zip Code   |  |               |  | Non-IFE Post Nominals |  |
| Country   |  |               |  | Your local branch     |  |
| Current IFE Membership Grade and Number (if applicable) |  |               |  |                       |  |
| Work Address Line 1                                     |  |               |  | Work Mobile           |  |
| Work Address Line 2                                     |  |               |  | Work Email            |  |



|                        |  |                     |  |
|------------------------|--|---------------------|--|
| Work Address Line<br>3 |  | Work Direct<br>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*<br><br><b>*Please include plenty of detail regarding your personal role and responsibilities</b> |   |



### 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 [here](#) and have **attached certificates** as evidence of qualifications obtained needed to apply for this grade of membership.

|                            |  |               |  |
|----------------------------|--|---------------|--|
| IFE Units / Qualifications |  | Year obtained |  |
|----------------------------|--|---------------|--|

|                             |  |                 |  |
|-----------------------------|--|-----------------|--|
| Name of College/ University |  |                 |  |
| Name of Course              |  |                 |  |
| Course Start Date           |  | Course End Date |  |
| Qualification               |  |                 |  |
| Name of College/ University |  |                 |  |
| Name of Course              |  |                 |  |
| Course Start Date           |  | Course End Date |  |
| 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.

#### 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

DAT  
E

**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](mailto:membership@ife.org.uk)

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

**Note you may now apply for membership online if preferred**

Tel: +44 (0)1789 261463

Fax: +44 (0)1789 296426

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





