Technician 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/ 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 3		Work Direct 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* ***Please include plenty of detail regarding your personal role and responsibilities**	

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 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	

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

For further information, visit 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

CPD Log

Please total the CPD hours at the end of the record: Formal hours will be credited as actual hours; Informal study activities are credited on a two for one basis, where two hours of informal study represents one hour of formal study. (For more details refer to IFE's CPD guidance).

As a result, to create the Total CPD hours, the total number of informal hours must be halved; before adding to the formal hours total. Please add new lines to this table as necessary.

Date DD/ MM/ YYYY	No. of Hours (Actual)		Theme & Activity	Learning Point(s) and how it can be applied
	Formal	**Informal**		
Totals	hrs	hrs		
Informal hrs ÷ 2				
Grand Total	hrs			