

**The Institute
of
Fire Safety Managers
Established 1993**



**APPLICATION FOR ENTRY ONTO THE REGISTER OF
FIRE RISK ASSESSORS**

Declaration by Applicants to the Register

The applicant recognises that in completing and signing this application, inclusion on the Register of Fire Risk Assessors is at the absolute discretion of the Institute and that such inclusion on the Register may be granted to, or may be withdrawn from any registrant who acts in a manner that is deemed by the Institute to be inappropriate or in a manner considered to bring the Institute into disrepute.

The Institute expects applicants to provide true evidence of their expertise and professional qualifications and that in turn, any potential client or recipient receiving the services of the registrant is entitled to undertake whatever measures they deem necessary and appropriate to satisfy themselves of the competence of the registrant in relation to the services required.

Professional indemnity or public liability insurance is not provided by the Institute and registrants should ensure that they are covered by such insurance. It is the responsibility of any clients or users to satisfy themselves as to any such requirement in the context of the relationship with the registrant, making whatever provisions are necessary.

The evaluation of the suitability of the applicant to be included on the Register is entirely at the discretion of the Institute. The applicant has no rights to bring any claim against the Institute where the application is not approved or it is required to be resubmitted for any reason.

Once completed, please send to

The Secretary General,
270 Bradshaw Meadows
Bradshaw,
BOLTON,
BL2 4NF

PERSONAL DETAILS

1. Surname/Last Name: _____ First Name (s): _____
Title: _____ Date of Birth: _____
2. a) Address (Home): _____

Post Code: _____
Telephone: _____ Mobile Tel. Number: _____
email address: _____
- b) Address (Business): _____

Post Code: _____
telephone: _____ mobile telephone: _____
email : _____ website: _____

** please indicate which address correspondence should be sent to business/home*

3. Please select the appropriate statement indicating by ticking the box in which sector you wish to be registered :-
- a) I wish to be registered as carrying out fire risk assessments on a commercial basis.
- b) I wish to be registered as carrying out fire risk assessments internal to an individual organisation.
- c) I wish to be registered for both a) and b) above.

INSTITUTE MEMBERSHIP DETAILS

4. **Details of Existing Membership of IFSM**
- a) Are you a member of the Institute? YES/NO
- b) If Yes, Membership Number: _____ Grade: _____
- d) Are you registered with any other professional Institute or the Engineering Council (UK)?
If so give details below:

5. FIRE SAFETY EXPERIENCE

Please give details of any fire safety experience: *(Continue on separate sheet if necessary)*

Dates	Details	Supporting evidence if necessary

6. FIRE SAFETY EDUCATION, TRAINING AND QUALIFICATIONS/COURSES ETC.

Please give details of fire safety education, training including qualifications gained and courses attended etc.
(Continue on separate sheet if necessary)

Dates	Course/qualification details including any specific fire risk assessment/audit training	Training provider

7. FIRE RISK ASSESSMENT AND AUDIT EXPERIENCE

Please give details of your fire risk assessment and/or audit experience. Include in this section a list of ten risk assessments/audits that you have carried out together with contact details for each of those assessments/audits.
(Continue on separate sheet if necessary)

Dates	Details of experience	

8. OTHER RELEVANT EXPERIENCE IN FIRE RELATED DISCIPLINES

Please give details of your experience and competence in other fire related fields. *(Continue on separate sheet if necessary)*

Dates	Details

9. DETAILS OF PROFESSIONAL INDEMNITY INSURANCE (INCLUDING PUBLIC LIABILITY IF NECESSARY).

10. EVIDENCE OF CONTINUOUS PROFESSIONAL DEVELOPMENT (CPD)
(Please give details/synopsis of your commitment to CPD including details of any CPD portfolio you may have, continue on separate sheet or attach a synopsis of the portfolio if necessary).

11. DETAILS OF REFEREES.

This section is not compulsory but applicants are encouraged to give details of any person(s) who they wish to nominate as a referee to support this application. Please append name(s) and contact details below.

12. CERTIFYING STATEMENT.

I certify that all statements and answers given on this form and any attachments thereto are, to the best of my knowledge, truthful, correct in detail and made in good faith. I have read the notes for applicants and I fully understood and acknowledge the 'Declaration by Applicants to the Register set out on page 2 of this form.

Signature of Applicant: _____ Date: _____

Applicants are advised to retain a copy of this application form for future reference and in case the original is lost in transit.