

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



**APPLICATION FOR ENTRY ONTO THE  
NATIONALLY ACCREDITED FIRE RISK ASSESSORS REGISTER**

**Once completed, please post to: -**

Sharon Lawrence, Register Administrator  
The Institute of Fire Safety Managers  
3 Woolton Close  
Bryn  
Wigan  
England  
United Kingdom  
WN4 0LT

## **Declaration by Applicants to the Register**

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is at the absolute discretion of the Institute and that such inclusion on the Register may be granted to, or may be withdrawn from any registrant who acts in a manner that is deemed by the Institute to be inappropriate or in a manner considered to bring the Institute into disrepute.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

**PERSONAL DETAILS.**

1. Surname/Last Name: ..... First Name (s): .....  
Title: ..... Date of Birth: .....

2. a) Address (Home): .....  
.....  
..... Post Code: .....  
Telephone: ..... Mobile: .....  
E-mail Address: .....

b) Address (Business): .....  
.....  
..... Post Code: .....  
Telephone: ..... Mobile: .....  
E-mail Address: ..... Web Address: .....

\* Please indicate which address correspondence should be sent to business or 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 to carry out fire risk assessments on a commercial basis.
- b) I wish to be registered to carry 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) Please state your Membership Registration Number: .....
- b) Please state your Membership Grade: .....
- c) Are you registered with any other professional Institute or the Engineering Council (UK)?  
If so, please give details below:  
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.....  
.....

**ACCREDITATION / CERTIFICATION SCHEME DETAILS.**

Please give details of your registration / certification / third party accreditation as a competent fire risk assessor  
(please include proof of certification from the awarding body with this application).

5. Name of Scheme and Awarding Body: .....

.....

6. Date of registration onto the scheme: .....

7. Does the scheme have UKAS approval and/or follows BS EN ISO 17024 and also BS EN 45011?  
If so, please state which:

.....

8. Any other certification details:

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

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**7. EVIDENCE OF CONTINUOUS PROFESSIONAL DEVELOPMENT (CPD).**

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

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**8. 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 Guidance 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 their completed application form for future reference and in case the original is lost in transit.***