

Institute of Fire Prevention Officers



Register of Fire Risk Assessors

Application Form (New applicant)

Applicant's Details	
1.	Surname: _____ First Name(s): _____
	Title: _____ Date of Birth: _____
2.	Home Address: _____ _____
	Town/City: _____
	Postcode: _____
	Telephone: _____ Mobile: _____
	Personal e-mail address: _____
3.	Business Address: _____ _____
	Town/City: _____
	Postcode: _____
	Telephone: _____ Mobile: _____
	Work e-mail address: _____
	Website Address: _____
	Where two addresses have been given please indicate the preferred address for correspondence: Home Address: <input type="checkbox"/> Business Address: <input type="checkbox"/>

Category of Fire Risk Assessor				
4.	Please indicate for which category of assessor you are applying to be registered:		Please tick	
	a) In-house assessor:			
	b) Commercial (low risk) Assessor, i.e. non-sleeping premises			
	c) Full Commercial Assessor, i.e. sleeping accommodation, and/or complex premises			
5.	Are you a member of The Institute of Fire Prevention Officers?		Yes	No
	If YES, please state your grade and membership number:			

Professional Memberships																					
6.	Please detail any other professional memberships you hold relevant to your application:																				
	<table border="1"> <thead> <tr> <th>Date awarded</th> <th>Membership awarded <i>(Please supply a copy of any award or certificate as evidence)</i></th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Date awarded	Membership awarded <i>(Please supply a copy of any award or certificate as evidence)</i>																		
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Fire Safety Experience

8. Please detail all fire safety experience relevant to your application:

Date:	Details:

Fire Risk Assessment and Audit Experience

9. Please provide examples of your fire risk assessment and audit experience; to demonstrate the breadth of your experience:

Date:	Details:

Fire Risk Assessment Submissions

10. Please list at least ten fire risk assessments you have undertaken personally in the last 12 months. Please ensure you list a broad spectrum of assessments for a variety of premises, to demonstrate the full breadth of your experience:
(From this list the Assessment Panel will select, at random, a number of your assessments, usually three, which you will be required, when requested, to submit in full for detailed assessment.)

	Assessment Date:	Premises assessed details, to include full address
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Fire Risk Assessment Process

11. Provide a detailed written step by step account of your approach to undertaking a fire risk assessment beginning with your instruction/contract to carry out the assessment, the physical aspects of carrying out the assessment and concluding with delivery of the report.
 Do not use statements such as - '*I inspect the premises and make notes of the significant findings*'. The panel will expect you to state what the significant findings might be and where exactly you would be looking for them from a practical perspective.

	Account
1	
2	
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11	
12	

Professional Indemnity Insurance

12. Please provide details of your Professional Indemnity (PI) insurance and Public Liability (PL) insurance if held:

(Candidates applying to be In-house Assessors will need to provide details of their employer's insurance.)

Expiry or Renewal Date:		PI Policy Number:	
Limit of Liability:	£		
Insurance Provider			
Address			
Post Code			
<hr/>			
Expiry or Renewal Date:		PL Policy Number:	
Limit of Liability:	£		
Insurance Provider			
Address			
Post Code			

References

13. Please obtain two references from referees who should have knowledge of your competence to undertake fire risk assessments as well as the professionalism of your approach when undertaking the assessments.

Provide the names and contact details of the two referees below and include a copy of the written reference they have provided.

Reference 1.

Name:		Job Title:	
Address			
Postcode:		Telephone:	
Email:			

Reference 2.

Name:		Job Title:	
Address			
Postcode:		Telephone	
Email:			

Please tick

Reference 1 attached

Reference 2 attached

Declaration

14. I confirm that the information provided in this form and any attachments hereto, is to the best of my knowledge and belief, truthful and accurate. I have read the *Guidance Notes for Applicants* provided and understand that should I be successful in Part 1, I shall be notified of the date to attend for interview to complete the second part. I also understand the panel may request the opportunity to witness a risk assessment in support of my application.

15. I have signed a Data Release Consent Form relating to this application giving the Institute of Fire Prevention Officers authority to seek personal data from other bodies as required.

16. I confirm that, by submitting this application form and it being successful, I am also granting permission to the Institute of Fire Prevention Officers to publish my name and details on the IFPO on-line Register of Fire Risk Assessors for a period of 5 years.

Signature:
(An electronic signature may be used)

Date:

Fees			
17.	<p>The Application Fee for Part 1 of this application should be transferred into the IFPO bank account immediately the application is submitted or a cheque submitted with the application. Assessment of the application will not commence until the fee is received.</p> <p style="text-align: center;">The IFPO bank account details are:</p> <p style="text-align: center;">Sort code 60 - 18 - 11 Account number 45275068</p>		
Application Fee - Part 1 (non refundable)		Application Fee - Part 2 (non refundable)	
IFPO Member	Non member	IFPO Member	Non member
£300.00	£400.00	£200.00	£300.00

Submission	
18.	<p style="text-align: center;">Please send your completed application form:</p> <p style="text-align: center;">by email to secretary@ifpo.org.uk</p> <p style="text-align: center;">(Please remember to forward the Data Release Consent Form, References and Certificates etc. as attached documents)</p> <p style="text-align: center;">or</p> <p style="text-align: center;">by post to: IFPO House, 43 Leadale Avenue Chingford London E4 8AX</p>



Data Release Consent Form

Permission to Disclose Personal Data

The Data Protection Act allows the Institute to share a subject's personal data with other areas of the Institute and other third parties, where the subject has given consent. This form is used to ensure that there is a written record of the subject's informed consent which will be retained throughout the application process and if successful the 5-year term, whilst on the register.

First Name(s):	
Surname:	
Date of Birth:	

I consent to my personal data being shared with other areas of the Institute of Fire Prevention Officers and with other third parties as required in the processing of this application. I understand that this data will be stored by the Institute and retained throughout the application process and if successful the full 5-year term whilst on the register.

Signed

Date