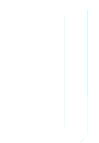
**Institute of Fire Prevention Officers**







Register of Fire Risk Assessors

Application Form

(New applicant)

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| **Applicant’s Details** | | | | |
| 1. | Surname: | | First Name(s): | |
| Title: | Date of Birth: | | |
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| 2. | Home Address: | | | |
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| Town/City: |  | | |
| Postcode: |  | | |
| Telephone: | | | Mobile: |
| Personal e-mail address: | | | |
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| 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: Business Address: | | | |
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| **Category of Fire Risk Assessor** | | |
| 4. | Please indicate for which category of assessor you are applying for: | Please tick |
| a) In-house assessor: |  |
| b) Commercial (low risk) Assessor, i.e. non-sleeping premises |  |
| c) Full Commercial Assessor |  |

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| **Professional Memberships** | | | |
| 5. | State your Institute of Fire Prevention Officers membership number: | |  |
| 6. | Please detail any other professional memberships you hold relevant to your application: | | |
| Date awarded | Membership awarded  *(Please supply a copy of any award or certificate as evidence)* | |
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| **Fire Safety Education** | | | |
| 7. | Please detail fire safety training, education, mentoring, workshops or courses and qualifications, relevant to your application as a fire risk assessor:  *The Assessment Panel will be looking to see that the applicant has undergone suitable Fire Risk Assessment training within the last 10 years. Such training should indicate you are operating/working at level 3 or 4.* | | |
| Date  awarded: | Qualification achieved:  (Please supply a copy of any award or certificate as evidence) | Training  Provider: |
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| **Fire Safety Experience** | | |
| 8. | Please provide detail of fire safety experience relevant to your application:  *The Assessment Panel will be looking at your actual experience and involvement in fire safety from a general point of view. E.g. Where have you accrued your fire safety experience and for whom and for how long.*  *This could mean a fire and rescue service, health and safety, armed forces, or civil service as examples.* | |
| Date: | Details: |
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| **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:  *The Assessment Panel will be looking at the types of premises in which you have accrued fire risk assessment or any fire safety auditing experience. E.g. Have you been primarily involved in shops and offices or does your experience extend to other types of premises, hospitals, walk-in centres, residential care homes, schools, colleges, factories, houses of multiple occupation, low-rise purpose-built blocks of flats or other premises etc. Please provide a range indicating your experience* | |
| Date: | Details: |
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| **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 you record below the Assessment Panel will select a number of your assessments, usually three. Upon request you will need to submit electronically by email in full for detailed assessment in either pdf or word format.* | | |
|  | Assessment Date: | Premises assessed details, to include full address |
| 1 |  |  |
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| **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 | |
|  | audit, 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 Assessment 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 |  |
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| **Professional Indemnity Insurance** | | | | |
| 12. | Please provide a copy of insurance certificate showing details of your Professional Indemnity (PI) insurance and Public Liability (PL) insurance if you are applying for Full Commercial or Commercial Low-risk Assessor (No sleeping risk or complex premises)  *(Candidates applying to be In-house Assessors will need to provide details of their employer’s insurance including the name of company providing insurance cover)* | | | |
| Expiry or Renewal Date: |  | PI Policy  Number: |  |
| Limit of Liability: | £ | | |
| Insurance Provider: |  | | |
| Address: |  | | |
|  |  | | |
| Post Code: |  | | |
|  | | | |
| Expiry or Renewal Date: |  | PL Policy  Number: |  |
| Limit of Liability: | £ | | |
| Insurance Provider: |  | | |
| Address: |  | | |
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| Post Code: |  | | |
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| **References** | | |
| 13. | Obtain two references from your customer client base indicating your ability to conduct fire risk assessments in a professional and appropriate manner. Submit references to the panel. | |
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|  | Please tick |
| **Reference 1 attached** |  |
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| **Reference 2 attached** |  |

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| **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 part 2. I also understand the panel may offer the opportunity to witness by direct observation a risk assessment in support of my application of a table to exercise stage 3. | |
| 15. | I have signed a Data Release Consent Form relating to this application giving the Institute of Fire Prevention Officers authority to securely store my details and seek personal data from other bodies as required. | |
| 16. | I confirm that, by submitting this application form, paying the prescribed fees 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: | |  |
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| **Continuous Personal Development (CPD)** | | |
| 17. | I confirm that the I have enclosed my IFPO CPD Record covering the last 5-years for review and understand that the Record will be vetted as part of this renewal application. | |
| Signature:  (An electronic signature may be used) | |  |
| Date: | |  |
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| **Fees** | |
| 18. | See IFPO-FRAR-002 Guidance and Fees 23July2020 apendix1 for fees.  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.  The IFPO bank account details should be obtained from the IFPO Secretary by [emailingsecretary@ifpo.org.uk](mailto:emailingsecretary@ifpo.org.uk) |
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| **Submission** | |
| 19. | Please send your completed application form: by email to  [secretary@ifpo.org.uk](mailto:secretary@ifpo.org.uk)  Please remember to forward the Data Release Consent Form, References and Certificates etc. as attached documents and pay your application fee.  Once the Treasurer has conformed your fees have been received the Secretary will inform the FRAR Chairman to proceed |

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|  | Appendix 1  **Data Release Consent Form** |

**Permission to Disclose Personal Data**

The Data Protection Act as amended by the General Data Protection Regulation (GDPR) allows the Institute to securely store and 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 securely stored and 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………………………………………………………………………