



THE INSTITUTE OF RISK MANAGEMENT

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APPLICATION FOR FELLOWSHIP

Introduction

The Institute has introduced a new scheme enabling election to Fellowship through a range of routes, reflecting the diverse career paths followed by risk management professionals today.

As an Associate or Member you will have already demonstrated your commitment to excellence and your ability to master complex technical areas. Fellowship takes those attributes on to a logical conclusion – in a way that benefits your professional life as well as you personally.

The scheme is based on a simple points formula. You may undertake any of the activities set out in the table below and when 200 points have been achieved may apply for Fellowship. There is no time limit imposed: you may collect points at a rate that fits your own career plan, equally activities undertaken in prior years (since election to Associate or Member) also count towards Fellowship points.

To apply, complete the form below and forward it, together with evidence of activities undertaken and the election fee of £75. Associates must also pay the difference between Associate and Fellow/Member subscription rates (currently £30).

Please send your application to :

**The Institute of Risk Management
Fellowship Applications
6 Lloyds Avenue
LONDON EC3N 3AX**

Completed applications will be reviewed by The Institute's Fellowship Panel comprising a number of existing Fellows. Applicants will normally be advised of the outcome of their application within one month.

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PERSONAL DETAILS

Please complete ALL sections in type or Block Capitals

IRM Registration Number:(For office use only)

Surname: (Mr/Mrs/Miss/Ms/Dr/Prof).....

Forenames:

Sex: Male / Female (*delete as appropriate*)

Date of Birth: / / Age: Nationality:

Job title:

Company/Organisation:.....

Business address:.....

.....

.....Post Code

Tel:Fax:

Email:

Date of joining: / /

Home address:

.....

.....Post Code

Tel:Fax:

Email:

Correspondence Address: Business or Home address (*tick as appropriate*)

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FEEs PAYABLE

Record the appropriate amounts below and enclose your cheque or credit card payment for the total. Application forms will not be processed unless accompanied by payment.

Fellowship Election Fee	£ 75.00
Associates only: Difference between Associate and Fellow/Member subscription	£ 30.00
Total:	£ _____

DECLARATION

I certify that the information given here is to the best of my knowledge accurate in all respects.

DATE: **SIGNATURE:**

FOR OFFICE USE ONLY:

Application received:

Referred to Fellowship Panel:

Fees received:

Fellowship approved/declined:

Acknowledgement sent:

Candidate advised:

Payment Method:

Record amended:

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3. Additional post AIRM/MIRM relevant qualifications

yes/no

Up to 80

List qualifications, awarding body, date awarded and subjects studied.

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4. Significant original contribution to risk management theory or practice

- | | | |
|--|--------|---------------------|
| a. Published article in a risk related journal | yes/no | 20 each (max 200) |
| b. Published article in InfoRM | yes/no | 30 each (max 200) |
| c. Paper presented at a risk related seminar or conference | yes/no | 20 each (max 200) |
| d. Paper presented at an IRM conference | yes/no | 40 each (max 200) |

Attach copies of articles published or papers presented and list here the journals or conferences involved and dates.

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5. *Contribution to IRM development*

a. Examiner	yes/no	80 year 1, 40 year 2
b. Assistant Examiner	yes/no	40 year 1, 40 year 2
c. Committee/Workstream member	yes/no	60 year 1, 60 year 2
d. Special Interest Group chair/secretary	yes/no	60 year 1, 60 year 2
e. Special Interest Group member	yes/no	20 yr 1, 20 yr 2, 20 yr 3

List the capacity in which you served, including subject and dates.

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6. *IRM Event attendance*

a. IRM Annual Lecture	yes/no	20 each (max 200)
b. IRM Conference	yes/no	40 each (max 200)
c. Members' Liaison Group meeting	yes/no	20 each (max 200)

List dates of events attended

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THE INSTITUTE OF RISK MANAGEMENT

CREDIT CARD AUTHORISATION FORM

Please note that credit card payments can only be made once we are in possession of this form, duly completed. At the present time we are only able to accept cards issued under the **Visa** or **MasterCard** logo.

Cardholder's name: _____

Cardholder's name as it appears on the card: _____

Visa/MasterCard number:

Expiry Date: / Total to be debited £ _____

Signature of Cardholder: _____ Date: _____

Mailing address shown on credit card statement: _____

