

Section B – Educational and professional experience

EDUCATION HISTORY *(Please include copies of relevant certificates with all qualifications)*

Subject and qualification	University/College/ Institution	Grade/subjects passed and level	Date awarded
			/ /
			/ /
			/ /
			/ /
			/ /

PROFESSIONAL QUALIFICATIONS *(Please tick)*

- | | | | | | |
|-------------------------------|-------------------------------|--------------------------------|--------------------------------|--------------------------------|------------------------------------|
| <input type="checkbox"/> BSc | <input type="checkbox"/> BCom | <input type="checkbox"/> MIOSH | <input type="checkbox"/> ACILA | <input type="checkbox"/> ACIS | <input type="checkbox"/> MIEE |
| <input type="checkbox"/> MSc | <input type="checkbox"/> LLB | <input type="checkbox"/> FIOSH | <input type="checkbox"/> MCIM | <input type="checkbox"/> ACIB | <input type="checkbox"/> MICE |
| <input type="checkbox"/> BA | <input type="checkbox"/> PhD | <input type="checkbox"/> ACCA | <input type="checkbox"/> FFA | <input type="checkbox"/> MIEH | <input type="checkbox"/> ARICS |
| <input type="checkbox"/> MA | <input type="checkbox"/> ACII | <input type="checkbox"/> ACA | <input type="checkbox"/> PIIA | <input type="checkbox"/> CIPFA | <input type="checkbox"/> MIStructE |
| <input type="checkbox"/> BEng | <input type="checkbox"/> FCII | <input type="checkbox"/> ACMA | <input type="checkbox"/> FIA | <input type="checkbox"/> FCMA | <input type="checkbox"/> MIMechE |

Other (please state) _____

WOULD YOU BE WILLING TO.... *(please tick)*

... Serve on the following committees/project teams:

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Education | <input type="checkbox"/> Membership | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> International Development | <input type="checkbox"/> Annual Risk Forum | <input type="checkbox"/> InfoRM |

... Set up Special Interest Group If so please state area of interest _____

** Please note a list of existing regional and specialist interest groups can be found on the 'Events' pages of the IRM website www.theirm.org*

... Speak at IRM events/Lead workshops

... Write articles for the InfoRM magazine

PLEASE TICK YOUR AREAS OF EXPERTISE

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Risk Management | <input type="checkbox"/> Public Sector | <input type="checkbox"/> Legal | <input type="checkbox"/> Surveying |
| <input type="checkbox"/> Risk Analysis | <input type="checkbox"/> Health Sector | <input type="checkbox"/> Health and Safety | <input type="checkbox"/> Statistics |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Engineering | <input type="checkbox"/> Disaster Recovery | <input type="checkbox"/> Environmental |
| <input type="checkbox"/> Corporate Governance | <input type="checkbox"/> Loss Adjusting | <input type="checkbox"/> Reputation | <input type="checkbox"/> Security |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Audit | <input type="checkbox"/> Project Management | <input type="checkbox"/> Scientific |
| <input type="checkbox"/> Accountancy | <input type="checkbox"/> Business Continuity | <input type="checkbox"/> Information systems | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Financial Risk | <input type="checkbox"/> Fire Safety | <input type="checkbox"/> Education | <input type="checkbox"/> Transport |
| <input type="checkbox"/> Personnel | | | |

Other (please state)

RISK MANAGEMENT RELATED EXPERIENCE *(attach CV or additional sheets if needed)*

Empty box for providing risk management related experience.

Where did you hear about the IRM?

- IRM Website Other Website (please specify) _____
- MoRU Provider Word of mouth Event (please specify) _____
- Your employer InfoRM Advert (please specify publication) _____
- Search engine Other (please specify) _____

Section C – Declarations

Data Protection and privacy

The IRM holds your personal data on its computer database and will from time to time send you information on IRM events and services.

The IRM is registered under the Data Protection Act 1998 and will process your data fairly. From time to time the IRM may wish to pass your details to third parties in order for them to provide you with information on products and services which are likely to be of interest.

If you do NOT wish your data to be used in this way, please tick here.

The IRM will from time to time share your details with other IRM members for the purpose of IRM events and activities. If you do NOT wish your details to be passed on please tick here.

Member List

The IRM member list will appear on the website within the password-protected members' only area. The following information will be listed: name, company, email or company phone number, region and IRM membership grade.

If you do NOT want to be included in the member list please here.

Careers Information

From time to time the IRM may send information on job vacancies to your email address.

If you do NOT want to subscribe to this service please tick here.

Membership

I hereby apply for admission to membership of the Institute of Risk Management and I agree, if admitted, to abide by its Memorandum and Articles of Association and Code of Conduct. The information given in this application is true and complete to the best of my knowledge and belief.

Signature

Date

/ /

Section D – Fees payable

Please select the appropriate joining/election fee and add this to the relevant subscription (refer to the next page for details).

Joining and/or election fees – one off payment

	STANDARD RATE	LOW GDP COUNTRY RATE
Undergraduate	N/A	N/A
Affiliate Member (new to the IRM)	*£85	*£72
Student (IRM) to Affiliate	£75	£64
Certificant	N/A	N/A
Graduate (new to IRM)	£85	£72
Certificant to Graduate	N/A	N/A
Student (IRM) to Graduate	£75	£64
Member (new to IRM)	£85	£72
Certificant to Member	£75	£64
Graduate to Member	£75	£64
Student (IRM) to Member	£75	£64

* Non-members who have paid to attend the 2007 Risk Forum may apply for Affiliate Membership for one year free-of-charge. (The joining fee and the membership subscription for 2007-2008 do not apply.)

NB If you are changing from one category of membership to another you only need to pay the balance of the subscription between the old and new grade in addition to the above election/joining fee.

Subscription Breakdown

Category of Membership	STANDARD RATE <i>For applicants joining between:</i>		LOW GDP COUNTRY RATE <i>For applicants joining between:</i>	
	1 July – 31 Jan	1 Feb – 30 June	1 July – 31 Jan	1 Feb – 30 June
	Undergraduate Affiliate	£36.50	£36.50	£31
Affiliate	£131	£66	£111	£56
Member	£137	£69	£117	£59
Graduate	£110	£55	£94	£47
Certificant	£110	£55	£94	£47

The subscription year runs from 1 July 2007 – 30 June 2008

Part-year fees apply between 1 Feb 2008 – 30 June 2008. (These rates are only available to candidates who are joining the IRM for the first time or to student members who pass the certificate examinations in March 2008.)

Please fill in relevant boxes:

	NUMBER OF FEES		FEE/£	=	TOTAL
One-off election/joining fee	<input type="text" value="1"/>	X	<input type="text"/>	=	<input type="text"/>
Subscription	<input type="text" value="1"/>	X	<input type="text"/>	=	<input type="text"/>
GRAND TOTAL					<input type="text"/>

FOR OFFICE USE ONLY

Application received

Invoice sent

Fees processed

Applicant approved

Membership Number

Processed by

Section E – Method of payment

Please tick method of payment:

Personal cash/cheque

Company cash/cheque

Personal credit/debit card

Company credit/debit card

BACS

Sort Code: 30-93-23

Account No: 00748112

Account Name: Institute of Risk Management

Invoice required

Invoice name and address if different from correspondence details

Receipt required

Made payable to *Institute of Risk Management*

Please fill out section below

Please quote applicant and company name on BACS payment

Please note that credit/debit card payments can only be made once we are in possession of this completed form. 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 _____

Card Number

Valid from / Expiry date / Security Code

TOTAL PAYABLE £ (last 3 digits at the back of your card)

Cardholder's Address as shown on card statement
(Must include property no. and postal code) _____

Postcode _____

Cardholder's signature _____ Date / /