



INTERNATIONAL PROFESSIONAL SECURITY ASSOCIATION

APPLICATION FOR INDIVIDUAL MEMBERSHIP

Please tick type of Membership applied for:

- Member**
- Member - Management Grade**
- Member - Associate**
- Member - Trainer**

e.g. Security Officers and Supervisors, Door Supervisors, Close Protection Officers, Control Room Operators, Dog Handlers, Community Wardens, Bailiffs, Engineers, Installers etc.

Persons working in management positions above first line Supervisor level, Directors, Partners, Security Managers, Operations Manager, Controllers, Consultants

Persons working in services other than commercial security: Police, Armed Forces, Emergency Services and supporting organisations, Facilities Managers, Lecturers, Students, etc.

Independent Trainers or persons employed as a Trainer in a larger organisation

PERSONAL DETAILS

FAILURE TO PROVIDE ANY OF THE INFORMATION REQUESTED ON THIS APPLICATION FORM MAY LEAD TO NON-ACCEPTANCE OF YOUR APPLICATION FOR MEMBERSHIP IN ACCORDANCE WITH THE PROVISIONS OF THE ASSOCIATIONS CONSTITUTION AND RULES.

THE INTERNATIONAL COUNCIL HAS THE RIGHT TO REFUSE OR DEFER ANY APPLICATION WITHOUT ASSIGNING ANY REASON. THE ASSOCIATION FURTHER RESERVES THE RIGHT TO IMMEDIATELY TERMINATE MEMBERSHIP SHOULD IT LATER BE FOUND THAT ANY INFORMATION GIVEN IN THIS APPLICATION FORM WAS MADE KNOWING IT TO BE INCORRECT OR TO BE A FALSE STATEMENT.

(PLEASE USE BLOCK LETTERS)

Title: _____ Forename(s): _____ Surname: _____

Any Previous Names (e.g. Maiden Name or Deed Poll Change): _____

Permanent Home Address: _____

Post Code: _____

E-mail address: _____

Home Phone No.: _____ Work Phone No.: _____

Date of Birth: _____ Mobile Phone No.: _____

Place of Birth: _____ Nationality: _____

Employer: _____ Job Title: _____

Work Address: _____

Post Code: _____

When did you start your Present Employment: _____

UK - Security Industry Authority (SIA) Licence Number: _____

Where do you want your mailings sent? Home Address

Work Address

Have you been convicted or been the subject of enquiries involving any criminal offence or had any order including bankruptcy, made against you in any criminal, civil or military court or by any public authority. Have you ever been cautioned or reprimanded by the police?

YES NO

IF YOU ANSWERED YES, PLEASE NOW GIVE FULL DETAILS ON A SEPARATE SHEET WHICH WILL BE TREATED IN CONFIDENCE. FAILURE TO DISCLOSE RELEVANT INFORMATION MAY RESULT IN REJECTION OF YOUR APPLICATION OR SUBSEQUENT TERMINATION OF YOUR MEMBERSHIP.

Note that under the Rehabilitation of Offenders Act 1974 you are not obliged to reveal a spent conviction.

Office use only:

Membership number _____

Date received _____

Payment _____

Receipt _____

Form Ver. 2011-04

INDIVIDUAL MEMBERSHIP EMPLOYMENT RECORD

You are required to provide a continuous record of your career / history, **month by month** (including any periods of unemployment) for not less than **five years prior to this application**, or back to the date of ceasing full time education.

DATE FROM	DATE TO	JOB TITLE / REASON FOR LEAVING	EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER

CONTINUE ON A SEPARATE SHEET IF NECESSARY

The following space allows you to tell us about any Security Training you have undertaken. Please include membership of other Security Organisations etc.

I agree to my details, as specified below, being listed by the Association in IPSA publications, such as the directory of members "the Red Book", which is publicly available.

Please indicate how your entry should appear:

- Name, Employment details & E-mail (default)
- Name & Employment details
- Name Only
- Unlisted

The information requested on this form together with any other information you have provide in support of this application, may be used to process your membership. IPSA Membership status is conditional upon satisfactory security screening as determined from time to time by the IPSA. All documents provided with this form, will be retained and held thereafter, in your personal file. Should your application be unsuccessful, all documentation relating to this application will be destroyed 12 months from the date entered on this form. It is IPSA policy to destroy personal records 5 years after membership ceases.

REFERENCES

Personal References

Please provide the details requested of two persons who know you well, at least 3 years (not relatives or former employers) who we can approach for personal references.

Reference 1.

Name: _____

Address: _____

Occupation: _____

Telephone: _____ Fax: _____

How Long Known: _____ E-mail: _____

Reference 2.

Name: _____

Address: _____

Occupation: _____

Telephone: _____ Fax: _____

How Long Known: _____ E-mail: _____

Declaration:-

I, _____ being the person referred to in this application, by my signature below, hereby certify:-

That to the best of my knowledge, the information I have provided on this application form, is complete and correct and understand that misrepresentation of any of the facts I have now given, or my failure to disclose a relevant matter, will be deemed grounds for terminating this application for individual membership. I understand that in the event of my application being unsuccessful, the joining fee is not refundable.

I authorise the IPSA, to approach any government agency, or my former employers including the referees nominated on this form, to verify the information I have provided. I also agree to provide a Statutory Declaration if so required. I further hereby give my consent for the IPSA to conduct Credit Reference checks as they deem necessary, during the period of my membership.

I agree to be bound by the Associations Constitution and Rules and accept the IPSA Ethical Code of Conduct as part of those rules.

I understand that the personal data I have provided will now be processed and then retained in the manner prescribed.

I hereby apply to become an Individual Member of the International Professional Security Association and I enclose the appropriate fee, along with a passport size photograph. I undertake to pay all future subscriptions in accordance with the Association's Rules and I understand that if I choose to relinquish membership part way through a membership year, fees are not refundable.

PLEASE NOTE: THE USE OF THE IPSA LOGO IS NOT PERMITTED BY INDIVIDUAL MEMBERS

Signed _____ Date _____

SUBSCRIPTION FEES

Please enclose payment for the **Joining Fee and Annual Subscription** with your application form – current rates are obtainable from www.ipsa.org.uk or contact the IPSA office.

Payments can be made to the Association by the following methods:

- Cheque (made payable to IPSA)
- Credit / debit card
- Cash
- UK Postal Orders
- Electronic bank transfer (please request details)
- A sterling draft - drawn on a bank in the United Kingdom
- International Money Order (drawn in sterling)

Please note:

- currencies other than Pounds Sterling (GBP) cannot be accepted owing to the bank charges incurred.
- the joining fee is payable on application and is **not refundable**.

Card payments (MasterCard / Visa / Switch / Maestro / Solo):

I authorise IPSA to debit my credit/debit card the following amount: £ _____

Card Number: _____ Start Date: _____

Name on Card: _____ Expiry Date: _____

C V V (Security) No.: _____

Signed: _____ Issue No.: _____

To assist our marketing, can you tell us where you heard about IPSA: _____

PLEASE RETURN THE COMPANY MEMBERSHIP APPLICATION FORM:-

International Professional Security Association
Railway House
Railway Road
Chorley
PR6 0HW
England

***We recommend the use of recorded delivery or courier.
Receipt of applications will be acknowledged within two weeks.***