



# INTERNATIONAL PROFESSIONAL SECURITY ASSOCIATION

## APPLICATION FOR INDIVIDUAL MEMBERSHIP

Please tick type of Membership applied for:

**Ordinary Member**

**Associate Member**

**Management Member**

**Trainer**

Please see [www.ipsa.org.uk](http://www.ipsa.org.uk) for definitions

### PERSONAL DETAILS

(PLEASE USE BLOCK LETTERS)

Title: \_\_\_\_\_ Forename(s): \_\_\_\_\_ Surname: \_\_\_\_\_

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

Permanent Home Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

What date did you move into your present accommodation: \_\_\_\_\_

Home Tel No: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

National Insurance Number: \_\_\_\_\_ Do you hold a British Passport: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Work Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

When did you start your Present Employment: \_\_\_\_\_ Work Tel No: \_\_\_\_\_

SIA Licence Number: \_\_\_\_\_

Where do you want your mailings sent? Home Address / Work Address \*  
\* (please delete as appropriate)

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 \*

\* (please delete as appropriate)

IF YOU ANSWERED **YES**, PLEASE NOW GIVE FULL DETAILS ON A SEPARATE SHEET WHICH WILL BETREATED 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:

web

Membership number \_\_\_\_\_ Date received \_\_\_\_\_

Payment \_\_\_\_\_ Receipt \_\_\_\_\_

## 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 **ten years prior to this application**, or back to the date of ceasing full time education.

**GAPS IN THIS RECORD WILL RENDER THE APPLICATION INVALID. PLEASE COMPLETE IN CAPITAL LETTERS**

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

CONTINUE ON A SEPARATE SHEET IF NECESSARY

**I certify this is a true record of my employment history:**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*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: \_\_\_\_\_

## Self - Employment References

You are also required to provide two professional references from persons who can confirm your business activities if you have been self - employed who are prepared to vouch for your good character. You may use Directors from another company, Trade Associations, Accountants, Solicitors etc.

### Reference 3.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

How Long Known: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Reference 4.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

How Long Known: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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**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.**

**Statement of Discourse :-**

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 company membership.

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 and Code of Conduct as part of those rules.

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 \*  
\* Please delete as appropriate

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 as detailed below, being the first appropriate subscription along with two passport size photographs. I undertake to pay all future subscriptions in accordance with the Association's Rules and understand that in the event of my application being unsuccessful, the registration fee is not refundable.

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

Signed \_\_\_\_\_ Date \_\_\_\_\_

## SUBSCRIPTION FEES

Please check our website: [www.ipsa.org.uk](http://www.ipsa.org.uk) or contact the IPSA office for current membership and inspection rates.

Please enclose payment for the Joining Fee and Annual Subscription with your application form.

**Please note:**

**Joining fees are payable on application and are not refundable.**

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

- Cheque (made payable to IPSA)
- Credit Card
- Cash
- UK Postal Orders
- BACS payment
- A sterling draft - drawn on a bank in the United Kingdom
- International Money Order (drawn in sterling)

We regret currency other than pounds sterling can not be accepted due to bank charges involved.

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

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

Card Number: \_\_\_\_\_ Start Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
Name on Card: \_\_\_\_\_ Issue No.: \_\_\_\_\_ CVV (Security No.): \_\_\_\_\_

Signed: \_\_\_\_\_

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

PLEASE RETURN THE COMPANY MEMBERSHIP APPLICATION FORM:-

The Membership Secretary  
International Professional Security Association  
Northumberland House  
11 The Pavement  
Popes Lane  
Ealing  
London  
W5 4NG  
England

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