



INSTITUTE OF PROFESSIONAL INVESTIGATORS

MEMBERSHIP APPLICATION FORM

Please note that the information you provide in this Application form may be given to an external organisation working on behalf of the Institute, to verify the information presented in respect of your employment record, experience, professional memberships and industry related qualifications. All information received will be treated in the strictest confidence. Failure to disclose any relevant information may result in the Institute declining the offer to you of Membership.

By signing this Application Form, you give your permission for the Institute, or their appointed agents, to carry out whatever enquiries are deemed necessary, including searches of consumer credit records, and to retain that information on file in accordance with GDPR legislation and guidelines.

PROSPECTIVE MEMBERS WILL BE CALLED FOR AN INTERVIEW WITH A BOARD MEMBER ONCE THE APPLICATION HAS BEEN ASSESSED, CHECKED AND REFERENCES RECEIVED. THE INTERVIEW MAY BE UNDERTAKEN USING A VIDEO CONFERENCE TOOL.

Photographic image of the applicant should be attached as a .JPG image with your application or if submitting by post them attach 2 x passport size photographs.

PERSONAL DETAILS

Title:	Surname:		
Forename(s):			
Previous name:			
Date name changed:			
Date of Birth:		National Insurance No.:	
Nationality:		Place of Birth:	
Decorations and Awards			



PERSONAL ADDRESS

Please provide your full address and Postcode.

Address:	Home Phone No:
	Mobile Phone No:
	Work Phone No:
	Email:
	Website:
	Any other contact information:

EDUCATION

Secondary Education (School name and address)	Date from/to:
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Further Education (School name and address)	Date	Course	Result

CONVICTIONS

Have you ever been convicted of any Criminal Offence? Please indicate by ticking the appropriate box, and if YES, provide details on a separate sheet of paper	Yes <input type="checkbox"/> No <input type="checkbox"/>
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DBS REPORT

Accompanying your application, we kindly ask that you provide us a copy of your DBS Report. This obviously has to be initiated by yourself, and for your guidance, we provide the following weblink: https://www.gov.uk/request-copy-criminal-record the Homepage of this link provides all the information necessary. Scottish applicants should use https://www.mygov.scot/basic-disclosure/apply-for-basic-disclosure/ and Northern Irish applicants should use https://www.nidirect.gov.uk/services/apply-online-basic-check . Applicants from outside the United Kingdom must supply an equivalent Criminal record check from the Government of their country of residence or business.	DBS Report attached as a .pdf or hard copy for postal submissions. Yes <input type="checkbox"/> No <input type="checkbox"/>
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PROFESSIONAL QUALIFICATIONS/MEMBERSHIPS

Body	Membership No. (if applicable)	Date attained

REFERENCES

Please provide the names and job titles of two Referees. These should be two people who are not related to you and who know you in a professional capacity such as IPI member, Solicitor, Accountant, Commanding Officer, etc

Referee 1	Referee 2
Name:	Name:
Job Title:	Job Title:
Address:	Address:
Contact No:	Contact No:
Email:	Email:



10 YEAR EMPLOYMENT HISTORY

Please detail all employments held over the last 10 years with your current or most recent employment first.

Name of Organisation:	
Address:	
Post code <input type="text"/>	
Contact:	Email:
Telephone:	Fax:
Date started:	Date finished:
Job Description:	
May we approach the employer for a reference Yes <input type="checkbox"/> No <input type="checkbox"/>	

Name of Organisation:	
Address:	
Post code <input type="text"/>	
Contact:	Email:
Telephone:	Fax:
Date started:	Date finished:
Job Description:	



May we approach the employer for a reference	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Name of Organisation:	
Address:	
	Post code <input type="text"/>
Contact:	Email:
Telephone:	Fax:
Date started:	Date finished:
Job Description:	
May we approach the employer for a reference	
Yes <input type="checkbox"/>	
No <input type="checkbox"/>	

Please add additional sheets if required.

IF YOU ARE IN PRIVATE PRACTICE PLEASE COMPLETE THE FOLLOWING

Business /Trading name:			
Capacity:	Sole Trader <input type="checkbox"/>	Partner <input type="checkbox"/>	Director <input type="checkbox"/>
Trading Address:			
	Post Code <input type="text"/>		
Nature of Business:			
Date Trading commenced:			
Have you or the company ever been subject of a formal investigation.			
Yes <input type="checkbox"/>			
No <input type="checkbox"/>			
If YES provide details on a separate piece of paper			



DIRECTORSHIPS HELD

Name of Company	Date from	Date to

IF YOU ARE CURRENTLY OR HAVE PREVIOUSLY SERVED IN A POLICE FORCE OR GOVERNMENT AGENCY PLEASE COMPLETE THE FOLLOWING

Force/Constabulary/Agency:	
ID No:	Rank:
Start Date:	Leaving Date:
Reason for Leaving:	

Please attach as .jpg or .pdf a copy of your Retirement / Service Certificate or include a copy with postal submissions.



IF YOU ARE CURRENTLY OR HAVE PREVIOUSLY SERVED IN HM FORCES PLEASE COMPLETE THE FOLLOWING

Regiment/Corp/Unit:	
Service No:	Rank:
Start Date:	Discharge Date:
Reason for Discharge:	

Please attach as .jpg or .pdf a copy of your Discharge / Service Certificate or include a copy with postal submissions.

APPLICATION SUPPORT INFORMATION

Please supply any information which you consider may be of assistance to the Admission's Committee in assessing your application. Full Membership of the Institute is officially accepted as a Professional Qualification. This can only be granted to those who provide sufficient information to prove that their combined knowledge and experience is at the appropriate/required level. Applicants starting out in investigations and/or those with an intermediate level of knowledge and experience in investigations but not such that it would qualify them for full membership, may be accepted as an Associate. Progression is then by taking an appropriate examination. It is the responsibility of the Applicant to provide sufficient information together with all necessary documentary evidence to allow the Admissions Committee to grant participation at the appropriate level.

I confirm that I will make the full payment required for my application for Annual Membership via PayPal or Bank transfer (If you wish to pay by another method contact: admin@ipi.org.uk).

I understand and accept that if my application is unsuccessful then the IPI will retain £50 as an administration fee and return the balance of the payment to me.



TO PROCESS YOUR APPLICATION, YOU MUST READ AND SIGN THIS DECLARATION

I have read and understood the Objects and Code of Ethics of the IPI, as highlighted on the IPI website and agree to uphold them and abide by the clauses referring to membership.

I confirm that the information given in this application is true to the best of my knowledge and belief

I hereby give permission to the IPI and/or their appointed agents, to make enquiries, take up references and carry out searches of publicly available databases, as may be deemed necessary in order to verify the information presented in this application and further give my permission for any data collected to be processed, stored and passed between other organisations, in whatever format deemed appropriate by the IPI in line with GDPR and for the purposes of the application only.

I understand that the decision of the Board of Governors in relation to this application is final and that all information obtained will be kept confidential.

I enclose copies of the supporting documents together with two passports for my Identity Card.

Signature

Date

PLEASE NOTE THE FOLLOWING:

The IPI reserves the right to determine the membership category in which applicants may be invited to participate. In the event of the rejection of your application, the IPI reserves the right not to disclose its reasons for rejection. The current membership rates are displayed on the members page of the IPI web site www.ipi.org.uk. Any further information can be obtained from the IPI Secretary General at admin@ipi.org.uk