Job title

Reports to

Last Name

**Section 4: Contact details**

**Section 3: Employment details**

**Section 2: Personal details**



**IIRSM Fellowship Application Form**

Please refer to the **Fellowship Assessment Guidance** beforecompleting your application.

**Section 1: IIRSM membership**

Are you an IIRSM member? Yes

No

If yes, include your IIRSM member number:

Title

First Name

Organisation

**1. CURRENT IIRSM MEMBERS**

Tick the box to confirm you have logged into **MyIIRSM** and checked your personal and work details are complete and up to date.

*Move to Section 5.*

**2. NON-IIRSM MEMBERS**

Please provide home and work contact details:

**HOME**

**WORK**

Phone No. Work email

Mobile No.

Personal email

Address

Address

**Preferred correspondence details**

Please indicate which are your preferred postal address and email for correspondence.

**Postal address**

**Email address**

Home

Work

Personal

Work

**Section 5: Application route**

Please tick the route through which you are applying for Fellowship.

**Eligibility criteria**

**1.** You have been a Member or Specialist Member for a minimum of 3 years, **Plus** have 5 years’ demonstrable relevant experience working consistently at a senior level.

**2.** You have a risk-related Bachelor’s degree with honours, Master’s qualification, professional qualification at level 6 (on the England & Wales Regulated Qualifications Framework or equivalent) or above, **Or** a Chartered Member or Fellow of a recognised professional body, **Plus** 5 years’ demonstrable relevant experience working consistently at a senior level.

**3.** You have no formal risk-related qualification or professional membership but have a minimum of 9 years demonstrable relevant experience working consistently at a senior level.

**Section 6: Education**

List academic/professional qualifications and memberships.

**Educational establishment**

**Qualification title** (degree, masters, diploma etc)

**Date started**

**Date completed**

**Membership grade achieved** (if applicable)

**Qualification and/ or membership certificate attached as evidence**

**Section 7: Statement of professional competence**

Provide a summary of your professional competence. You must provide examples of how you meet 5 technical and 6 leadership competence areas. Read the guidance on completing your statement of competence before starting this section. Refer to IIRSM’s risk management and leadership competence framework. 250 words per example/statement is a guide.

**Section 8: How have you gone above and beyond?**

Set out how you have personally gone above and beyond to support your profession, colleagues, organisation or society at large. Examples should be within the last five years and must be from outside of paid employment or beyond the expectations of your role. Maximum of 600 words.

*If you need to add more information, please attach an additional page to your application, and clearly name the document CPD Evidence and your name.*

**Section 9: Continuing Professional Development**

Either attach a copy of your completed IIRSM online CPD log, a log from other relevant professional bodies and/or complete the table below. You must include a minimum of four years CPD.

**Description of CPD activities**

**Date started**

**Date completed**

**Section 10: Contributing and supporting IIRSM**

Outline how you have, and or intend to promote and support the work of IIRSM and the profession. What skills and expertise could IIRSM draw on? Maximum 500 words

**Section 11: Personal statement**

Please provide any further information that you feel would be relevant in support of your application. The information provided should be no more than 5 years old. Maximum 500 words

**Section 12: References**



Attached are two reference forms in support of this application. One reference is from an employer (or client, if a consultant). The other is from a suitably qualified/experienced person who can confirm my professional standing and character and the accuracy of this application.

Employer reference attached

Suitably qualified/ experienced person reference attached

I declare to the best of my knowledge all the information provided in this fellowship application, including all supporting documentation is truthful and correct. I will also abide by IIRSM’s Code of Ethics and Membership Terms & Conditions.

I fully understand that acceptance as a Fellow is not automatic.

Signed

Date

Print this page, sign, scan and attached to this form

E: [fellowship@iirsm.org](mailto:fellowship@iirsm.org)

T: +44 (0)20 8741 9100

[**www.iirsm.org**](http://www.iirsm.org/)

International Institute of Risk and Safety Management

Suite 107-108, 150 Minories

London, EC3N 1LS, United Kingdom

Registered in England and Wales Charity Number: 1107666

**Section 13: Declaration**