

**COMPANY**

**APPLICATION FORM**

**ALL FIELDS ARE MANDATORY, PLEASE COMPLETE ALL FIELDS TO AVOID ANY DELAY IN PROCESSING YOUR APPLICATION**

|  |
| --- |
| Nature of Activities |
|  |

Health and Safety Policy Certificate of Company Registration Public Liability Certificate Annual Company Accounts

|  |  |
| --- | --- |
| Date of Incorporation/Commencement of Activities | **Y**  **M**  **M** |

|  |
| --- |
| Details of activities involving the use of explosives recently undertaken by the company (include documents to support and verify sector of explosives) |
|  |

|  |
| --- |
| **EMPLOYMENT OF IExpE MEMBERS OR ASSOCIATES**: Please give the names of IExpE members or associates employed or engaged in any other contractual capacity by your company, stating the nature of the appointments held by them: |
|  |

Company Details

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Company/Organisation | | | | |  | | | | | | | | | |
| Business Structure (Ltd/Partnership/Sole Trader/Government) | | | | | | | | |  | | | | | |
| Address | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | Town | |  |
| County/State | |  | | | | | | Country | | | | |  | |
| Postcode | |  | | | | Telephone Number | | | |  | | | | |
| Work Telephone Number | | |  | | | | Mobile | | | |  | | | |
| Email | |  | | | | | | | | | | | | |
| Website |  | | | | | | | | | | | | | |
| Where did you hear about IExpE | | | |  | | | | | | | | | | |

Documents in support of application

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  | | | First Name(s) |  | | | | | | | | | | | |
| Last Name | | |  | | | | Date of Birth | D | | D | M | M | Y | Y | Y | Y |
| Job Title | |  | | | | | | | | | | | | | | | |
|  | | | | | | Membership Number | | |  | | | | | | | | |

Please give details below of one senior personnel who is a member of IExpE within the company.

(SENIOR PERSONNEL)

|  |  |  |  |
| --- | --- | --- | --- |
| Award/Course | Course Title | Name of University/College/  Awarding Body and Country | Period of Study |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Academic or Professional Qualifications & Formal/Informal Training (inc Dates)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Period in which continuous actual use of explosives was carried out (years & months) | **Y** | **Y** | **M** | **M** |
| Types and makes of explosives used | | | | | |
|  | | | | | |

Work Experience (Inc Dates)

|  |  |  |
| --- | --- | --- |
| Employer | Job Title | Date |
|  |  |  |

Please supply details of two referees, who can confirm the details on this application, one of which must be an IExpE Member

Referee 1

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | | | |
| Email Address | |  | Membership Number |  |

I declare that the statements made on this form are true to the best of my knowledge, I enclose the non-refundable remittance of £84.00 inc VAT (overseas £96.00) payable to the “Institute of Explosives Engineers” in payment of the **Application Fee**

Referee 2

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | | | |
| Email Address | |  | Membership Number |  |

When submitting your application please be aware of the Institute’s policy in relation to criminal convictions and insolvency.  If you have at the time of entering the Institute, or subsequently acquire, any relevant conviction or become subject to any order of Insolvency you need to declare them.  Details should be provided with your application. IExpE takes your privacy seriously and your personal data will only be used in the completion of this application and thereafter only for the proper management and administration of your membership.  This will include names of all new members to be published in the journal to introduce you to membership, circulations of material to which your membership entitles you, your personal data will be held securely and will only be shared with bodies we are either legally obliged to/ or are in collaboration with.  In completing and signing this application we will take this as your consent to our use of your data along with consent to receiving any IExpE company related documents via the IExpE website.

|  |  |
| --- | --- |
| Position Held in Company |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Signature | | | | | | | | |
|  | | | | | | | | |
| Date | **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |

If you require assistance, please call 01785594136 or visit www.iexpe.org. Your first subscription payment will be due when you receive notification of acceptance. Please send completed application form to **Institute of Explosives Engineers, Ground Floor, Unit 1, Greyfriars Business Park, Frank Foley Way, Stafford, ST16 2ST** or via email to **info@iexpe.org**

Declaration