

Your Details

**PLEASE COMPLETE ALL SECTIONS AND PROVIDE ALL REQUIRED DOCUMENTS IN SUPPORT TO AVOID ANY DELAY IN PROCESSING YOUR APPLICATION**

**MILITARY**

**APPLICATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Title  |  | First Name(s)  |  |
| Last Name  |  | Date of Birth | **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |
| Home Address  |  |
|   |  Town |  |
| County/State  |  | Country |  |
| Postcode |  | Home Telephone Number |  |
| Work Telephone Number  |  | Mobile |  |
| Email Address  |  |
| Where did you hear about IExpE |  |

|  |  |
| --- | --- |
| Rank  |  |
| Occupation  |  |
| Service/Regiment/Corps |  |

Employer

I wish to apply for **Associate** with Post-Nominals AIExpE

I wish to apply for **Member** with Post-Nominals MIExpE

Membership Category Options To find out about requirements for each category of membership visit www.expe.org/membership/make-an-application-for-membership/

Membership Details

I wish to apply for **Technical** with Post-Nominals TIExpE

I wish to apply for **Student**

Referee Details

Please provide details of your Commanding Officer, Head of Unit or Line Manager.

|  |  |  |  |
| --- | --- | --- | --- |
| Title  |  | Name(s) |  |
| Email Address  |  |
| Rank  |  |

IExpE will contact your referee to support your application for membership. It is not IExpE policy to disclose comments made by your referee and we recommend applicants to discuss their membership application with the referee prior to submission.

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

Qualifications

Unit Experience

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Period in which continuous actual use of explosives is carried out (years & months)  | **Y** | **Y** | **M** | **M** |

|  |
| --- |
| Types and makes of explosives used  |
|  |

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.**

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 of membership, followed by annual renewals. Please send completed application form to **The Institute of Explosives Engineers, Ground Floor, Unit 1, Greyfriars Business Park, Frank Foley Way, Stafford, ST16 2ST** or via email to **info@iexpe.org**

|  |
| --- |
| Signature (digital signature accepted) |
|  |
| Date  | **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |

Declaration

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.

Documents in support of application

Documents in support of qualifications and training

An up to date photograph

Scanned copy of driving licence/passport

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

**VALIDATION:** I, being a Services Representative of the Institute can confirm that the applicant is a current serving military personnel.

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