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



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

**MILITARY TRANSFER OR UPGRADE**

**APPLICATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | First Name(s) |  |
| Surname/Family Name |  | Date of Birth | **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |
| Home Address |  |
|  |
| County/State |  | Country |  |
| Postcode |  | Home Telephone Number |  |
| Work Telephone Number |  | Mobile |  |
| Email Address |  |
|  | Membership Number |  |

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

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

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

Referee Details

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

Membership Details

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

I wish to apply for the upgrade to **Fellow** with Post-Nominals FIExpE

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

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

Service Details

Your Details

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

Unit Experience

Please provide details of any qualifications you hold or are in the process of completing in the table below. Please attach any additional information such as copies of certificates to support your application.

Qualifications

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Period in which continuous actual use of explosives was carried out | **Y** | **Y** | **M** | **M** |

|  |
| --- |
| Types and Makes of Explosives Used |
|   |

Declaration

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 **The Institute of Explosives Engineers, Ground Floor, Unit 1, Greyfriars Business Park, Frank Foley Way, Stafford, ST16 2ST** or via email to **vickihall@iexpe.org**

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

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

Documents in support of your qualifications and training

An up to date photograph (passport size)

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.

I declare that the statements made on this form are true to the best of my knowledge.

Documents in support of application

Photographic ID

FOR OFFICIAL USE BY IExpE ONLY

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