

ACCREDITED TRAINER APPLICATION FORM

PLEASE USE BLACK INK AND WRITE CLEARLY IN BLOCK CAPITALS

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

| our Details | | | | | | | |
|---|--------------------------------|---|--------------------------|-----------------------------|-------------------|-----------------------|-------|
| Title | | First Name(s) | | | | | |
| Surname/Family Name | | | | Date of Birth | D D | M M Y | YYY |
| Home Add | dress | | | | | | |
| | | | | | | | |
| County/St | ate | | | Country | | | |
| Postcode | | Hon | ne Telephone N | lumber | | | |
| Work Telephone Number | | | | Mobile | | | |
| Email Address | | | Members | ship Number | | | |
| mployer | | | | | | | |
| Job Title | | | | | | | |
| | | | | | | | |
| Position ir | n Company | | | | | | |
| Employing | g Firm or Compan | У | | | | | |
| ccredited T | rainer Details | | | | | | |
| | | | | | | | |
| I wish to apply for Accredited Assistant Instructor (only available for Associate Member of IExpE and above) | | | | | | | |
| I wish | to apply for Accredited | Instructor (only availab | ole for Technical Me | mber of IExpE and abov | re) | | |
| I wish | to apply for Accredited | l Training Manager (onl | y available for Techr | nical Member of IExpE a | ind above) | | |
| leferee Det | ails | | | | | | |
| | ails of two referees, who ca | n confirm the details on this | application, once of whi | ch should be employed by th | ne training centr | e delivering the cour | rses. |
| Referee One | | | | | | | |
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| Referee Two | | | | | | | |
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| | | our application for Accredite he referee prior to submissio | | policy to disclose comments | made by your r | eferees and we reco | mmend |

| Academic or Professional Qualifications & Formal/Informal Training | | | | | | | |
|---|--------------|---------------------|------------------|---------------------|--|--|--|
| Please provide details of any qualification information such as CV and copies of ce | | | oelow. Please at | tach any additional | | | |
| Award/Course | Course Title | Name of University/ | | Period of Study | | | |
| , | | Awarding Body and 0 | | | | | |
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| Work Experience | | | | | | | |
| Employer | <u> </u> | Job Title | | Date | | | |
| Employer | | Job Title | | Dute | | | |
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| Trainer Experience | | | | | | | |
| Please provide a summary of your training providing experience. | | | | | | | |
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| List of Courses Delivered | | | | | | | |
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| C. Alleria | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| Course Attendees | | | | | | | | |
| Please provide the maximum number of students you have had attend your cou | urse and approximate number of students per year for the last 3 years. | | | | | | | |
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| V - 1 C - · · · | | | | | | | | |
| Yearly Courses | | | | | | | | |
| Please provide the number of courses you run per year. | | | | | | | | |
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| Declaration | | | | | | | | |
| If you require assistance, please call 01785594136 or visit www.iexpe.org. Please send comp | pleted application form to Institute of Explosives Engineers, Ground Floor, Unit 1 | | | | | | | |
| Greyfriars Business Park, Frank Foley Way, Stafford, ST16 2ST or via email to stephanieball | | | | | | | | |
| I declare that the statements made on this form are true to | | | | | | | | |
| the best of my knowledge. | Signature | | | | | | | |
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| When submitting your application please be aware of the Institute's policy in relation to crim 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. 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 application. 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 date. IEXPE website. | ata along with consent to receiving any IExpE Company related documents via the | | | | | | | |
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| Documents in support of application | | | | | | | | |
| my non refundable remitteness of COT OO nevable to | | | | | | | | |
| my non-refundable remittance of £95.00 payable to the "Institute of Explosives Engineers" in payment of | Photographic ID An up to date photograph (passport size) signed and dated | | | | | | | |
| my Application Fee | on the reverse | | | | | | | |
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| Annual Subscription | | | | | | | | |
| , umaar sabscription | | | | | | | | |
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| CATEGORY | <u>PRICE</u> | | | | | | | |
| Assistant Instructor | £29.00 | | | | | | | |
| Assistant instructor | £29.00 | | | | | | | |
| Instructor | £43.00 | | | | | | | |
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| Training Manager | £65.00 | | | | | | | |
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| *Corporate Members will receive a 25% discount on annual subscript | ion. | | | | | | | |