

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

Your Details					
Your Details					
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				
Employer					
Job Title					
Position in Company					
Employing Firm or Company					
Accredited Trainer 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 available for Technical Member of IExpE and above)					
I wish to apply for Accredited Training Manager (only available for Technical Member of IExpE and above)					
Referee Details					
Please supply details of two referees, who can Referee One	n confirm the details on this application, once of which should be employed by the training centre delivering the courses.				
Referee Two					
IExpE will contact your referees to support yo applicants to discuss their application with the	our application for Accredited Trainer. It is not IExpE policy to disclose comments made by your referees and we recommend e referee prior to submission.				

	cations & Formal/Infor	mai iraining			
Please provide details of any qualification information such as CV and copies of cert	s you hold or are in the proce ificates to support your applic	ss of completing in the table below. Please at attaction.	tach any additional		
Award/Course	Course Title	Name of University/College/ Awarding Body and Country	Period of Study		
		Awarding Body and Country	·		
Work Experience					
Employer	J	ob Title	Date		
Trainer Experience					
Trainer Experience					
Please provide a summary of your training	providing experience.				
	providing experience.				
	providing experience.				
	providing experience.				
	providing experience.				
	providing experience.				
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Course Attendees			
Please provide the maximum number of students you have had attend your co	ourse and approximate number of students per year for the last 3 years.		
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 com Greyfriars Business Park, Frank Foley Way, Stafford, ST16 2ST or via email to stephanieba			
I declare that the statements made on this form are true to			
the best of my knowledge.	Signature		
When submitting your application please be aware of the Institute's policy in relation to crin 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 completing and signing this application we will take this as your consent to our use of your	e shared with bodies we are either legally obliged to/ or are in collaboration with. In		
ExpE website.	uata along with consent to receiving any itage company related documents via the		
Documents in support of application			
Documents in support of application			
my non-refundable remittance of £95.00 payable to	Photographic ID An up to date photograph		
the "Institute of Explosives Engineers" in payment of	(passport size) signed and dated		
my Application Fee	on the reverse		
Annual Subscription			
<u>CATEGORY</u>	<u>PRICE</u>		
Assistant Instructor	£29.00		
Assistant Instructor	129.00		
Instructor	£43.00		
Training Manager	£65.00		
All costs are exclusive of VAT			
*Comparate Manches will receive a 200/ discount or convert or bearing			