

INSTITUTE OF WELFARE



INDIVIDUAL MEMBERSHIP APPLICATION FORM

PLEASE COMPLETE IN BLOCK CAPITALS

PERSONAL DETAILS:

TITLE	FORENAME(s)
SURNAME	DATE OF BIRTH
ADDRESS	TELEPHONE (DAY) TELEPHONE (EVENING)
POSTCODE	E-MAIL

ACADEMIC/PROFESSIONAL QUALIFICATIONS:

Please list in descending order of relevance to this application.

QUALIFICATIONS	DATE PASSED	AWARDING BODY
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PLEASE ENCLOSE PHOTOCOPIES OF QUALIFICATIONS RELEVANT TO THIS APPLICATION.

Employment/Self Employment History

Please give full details for the last 10 years starting with the current or most recent.
You may attach a CV if you wish.

Name of Employer or Business	From	To	Job Title & Nature of Duties - Please attach current Job Description & Personal Development Plan
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History of Voluntary Work

Please give full details of work that you consider relevant to this application.

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Please state below any additional information you would like to be considered.

REFERENCES

GIVE NAME AND ADDRESS OF 2 REFEREES, ONE BEING YOUR CURRENT EMPLOYER OR, IF ENGAGED IN VOLUNTARY WORK, YOUR SUPERVISOR.

NAME.....	NAME.....
ADDRESS.....	ADDRESS.....
.....
POSTCODE TEL.....	POSTCODE. TEL..
E-MAIL:	E-MAIL:

Please note. If you have been in your current employment less than 2 years, we may need to obtain a further reference from your previous employer.

Finally, could you please indicate how you heard about the Institute.

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DECLARATION

I apply to be elected a member of the Institute of Welfare in the Membership category appropriate to my qualifications and experience, and agree to be bound by the regulations governing such membership.

I DECLARE THAT:-

- I have never been dismissed from any welfare related employment for any form of professional misconduct.
- I have no convictions that are considered unspent within the terms of the relevant legislation.

SIGNED:.....

DATED:.....

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FOR OFFICE USE ONLY

Date received..... Acknowledged..... Grade..... Date Notified.....

Subscription amt £..... Cheque No..... Cert. issued..... Membership No:..... Centre.....

GUIDANCE NOTES

1. Unspent convictions **MUST** be disclosed in consideration of the application. The information disclosed will be treated in strict confidence. If in doubt, any past disclosure should be made.
2. The Institute reserves the right to ask for further information, or to pursue any enquiry relevant to the application. You may be requested to provide original qualifications.
3. Applicants may attach any further information to their application, if deemed helpful.
4. All information supplied will be held in confidence by the Institute in accordance with the Data Protection Act.
5. The Institute has strong professional values and is committed to equality of opportunity.

CHECKLIST BEFORE POSTING APPLICATION

1. Have you completed all sections of the form?
2. Have you enclosed your current Job Description and Personal Development Plan?
3. Have you enclosed copies of qualifications, where applicable?
4. Have your Referees agreed your use of their names?
5. Have you completed the Declaration?

If you answered yes to all the above, then forward your application to the address below together with a cheque for £25 which will form part of your membership fee. The balance will be payable once your application has been approved.

Institute of Welfare
PO Box 5570
Stourbridge
DY8 9BA

Tel: 0800 0 323725
Email: info@instituteofwelfare.co.uk
www.instituteofwelfare.co.uk

We look forward to receiving your application.