

# INSTITUTE OF WELFARE



## Individual Membership Application Form

### Personal details:

Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Forename: \_\_\_\_\_ Surname: \_\_\_\_\_

Daytime phone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post code: \_\_\_\_\_

### Academic/professional qualifications:

Please list in descending order of relevance to this application and enclose photocopies of qualifications relevant to this application.

Qualifications	Date passed	Awarding body

**Employment/self-employment history:**

Please give details for the last 10 years – starting with the most recent.

If you prefer you may provide this information via an attached CV.

Name of employer/business	From	To	Job title and description of duties (attach job description if possible)

**History of voluntary work:**

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

If you prefer you may provide this information via an attached CV.

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

**Referees:**

Please give the name of 2 referees, 1 being your current employer or, if engaged in voluntary work, your supervisor.

Name:

Name:

Address:

Address:

Postcode:

Postcode:

Daytime phone No:

Daytime phone No:

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. Membership is subject to the receipt of 2 satisfactory references.

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 read and agree to abide by the Institute's Code of Ethics and Code of Practice.

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 .....

## 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 felt to be appropriate.
4. All information supplied will be held in confidence by the Institute in accordance with the Data Protection legislation.
5. The Institute has strong professional values and is committed to equality and diversity.

### Membership Fees:

To establish fee payable please assume that membership will commence in the month following your application. You will be advised in due course of actual date. If you are employed by an organisation which holds corporate membership of the Institute please use Member (corporate) fees.

<b>Affiliate:</b>	Joining Jan.-June	<b>£40</b>	Joining July-Sept.	<b>£20</b>	Joining Oct.-Dec.	<b>£50</b>	until 31 Dec. following year
<b>Member:</b>	“ “	<b>£70</b>	“ “	<b>£35</b>	“ “	<b>£85</b>	“ “
<b>Member (corporate):</b>	“ “	<b>£60</b>	“ “	<b>£30</b>	“ “	<b>£80</b>	“ “
<b>Retired member:</b>	“ “	<b>£25</b>	“ “	<b>£15</b>	“ “	<b>£30</b>	“ “

Please note Membership Fees are due on 1 January each year and are inclusive of Accreditation Fee.

### Please indicate below chosen method of payment:

1. I enclose a cheque for £\_\_\_\_\_.
2. I will pay £\_\_\_\_\_ into IoW's Royal Bank of Scotland bank account - account No. 20324098 sort code: 16 00 01.
3. I would like my full membership fee to be invoiced to my employer as follows: .....  
 .....Post Code.....  
 E-mail: .....

Please tick the box if you will be paying future subscriptions by standing order on 1 January each year. Membership renewal confirmation will be sent out to you via e-mail.

**Your completed form should be sent to:**

Institute of Welfare, PO Box 5570, Stourbridge, DY8 9BA.

E-mail: [louise.johnson@instituteofwelfare.com](mailto:louise.johnson@instituteofwelfare.com)

Tel: 0800 0 32 3725

### For office use only:

Date application received:	Date application acknowledged:
Membership grade:	Date notified:
Subscription amount:	Method of payment:
Certificate issued and membership commenced:	Membership No: