

# THE INSTITUTION OF FIRE ENGINEERS

Founded 1918 • Incorporated 1924



## APPLICATION FOR ENTRY ON TO THE REGISTER OF FIRE RISK ASSESSORS

*Please return completed form to:*

The Institution of Fire Engineers  
London Road  
Moreton-in-Marsh  
Gloucestershire  
GL56 0RH

## **Acknowledgement by applicants for admission to the Register**

The assessor acknowledges in completing this application form that inclusion on the Register of Fire Risk Assessors is in the absolute discretion of the Institution of Fire Engineers (IFE) and in particular, inclusion on the Register will not be granted to or may be withdrawn from any person who acts in a manner deemed to be inappropriate or in a manner considered to bring the IFE into disrepute.

The IFE expects assessors to provide appropriate evidence of their expertise and professional qualifications and that the client / user receiving the services is entitled to undertake interviewing and reference taking as necessary to satisfy themselves of the competence of the assessor in relation to the services required.

Professional indemnity or public liability insurance is not provided by the IFE and assessors should carry such insurance themselves. It is the responsibility of any clients / users to satisfy themselves as to any such requirement in the context of the relationship with the assessor, making provisions where necessary.

The IFE's evaluation of the suitability of the assessor to be included on the Register is entirely at the discretion of the IFE and the applicant has no rights to bring any claim against the IFE if or to the extent that the IFE does not approve the assessor's application or requires the application to be resubmitted for any reason.

## PERSONAL DETAILS

1. Surname/Last Name: \_\_\_\_\_ Personal Name/First Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Employer: \_\_\_\_\_

If you have a recognised disability that you feel may need to be taken into consideration, please tick this box and we will provide you with further guidance:  (Note: evidence for these conditions will be requested)

## CONTACT DETAILS: I wish/do not wish (please delete as required) to receive mailings from the Institution of Fire Engineers

2. a) Address (Home): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Post Code: \_\_\_\_\_  
☎: \_\_\_\_\_ 📠: \_\_\_\_\_ ✉: \_\_\_\_\_

b) Address (Business): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Post Code: \_\_\_\_\_  
☎: \_\_\_\_\_ 📠: \_\_\_\_\_ ✉: \_\_\_\_\_

c) Address to which correspondence is to be sent (Please tick one):  
Business  Home

## REGISTER DETAILS

3. a) Register stream(s) applied for:

Assess  Life Safety

Assess  Property Protection

b) Area of involvement:

Commercial  Internal to Organisation

Commercial  Internal to Organisation

## MEMBERSHIP DETAILS

4. Details of Existing Membership of IFE

a) Are you a member of the Institution of Fire Engineers? Yes  No

b) If Yes, Membership Number: \_\_\_\_\_ Title/Grade: \_\_\_\_\_

c) Are you registered with the Engineering Council? Yes  No

d) If Yes, Registration Number: \_\_\_\_\_ Level of Registration: \_\_\_\_\_

### Please note: Chartered and Incorporated Engineers:

If you are a Chartered Engineer or an Incorporated Engineer registered with the IFE please only complete Sections 1, 2, 3, 4, 8, 9 and 10. Please also enclose your CEng or IEng certificate with your application.

**5. FIRE SAFETY EDUCATION**

Please give details of your fire safety education: *(Continue on separate sheet if necessary)*. Please send copies of certificates

Course Title	Academic Institution / Training Provider	Date

**6. FIRE SAFETY EXPERIENCE**

Please give details of your fire safety experience: *(Continue on separate sheet if necessary)*

Dates	What was done and in what capacity	Relevance

**7. SPECIFIC FIRE RISK ASSESSMENT TRAINING**

Please give details of any accredited or approved Fire Risk Assessment training undertaken: *(Continue on separate sheet if necessary)*. Please send copies of certificates.

Course Title	Academic Institution/Training Provider	Date

## 8. FIRE RISK ASSESSMENT LISTING

Please give details of the Fire Risk Assessments carried out by you (as per Guidance notes Section 4.6), specifically in the areas of the Register which are relevant to your application, ie Life Safety or Property Protection. Please note that different areas of the same building are not deemed to constitute different fire risk assessments, even if they are subject to separate reports. *(Continue on separate sheet if necessary)*

The Professional Review Panel will pick a number of assessments listed below to review. With this in mind, the IFE advises applicants to make sure that you are confident with the content of the Fire Risk Assessments that are listed in this section.

Date	Location, size and type of premises	Section of Register
<b>Example:</b> 14 Sept 2005	Birmingham, 2 Storey Hotel	LS, PP
<b>Example:</b> 3 May 2004	Cardiff, 3 Storey Office Block	LS

**9. CERTIFICATION**

I certify that all statements and answers given on this form and any attachments thereto are to the best of my knowledge true in substance and are made in good faith. I confirm that I have read the guidance notes for applicants and read and understood the acknowledgement on page 2 of this form.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*You are strongly recommended to retain a copy of your application, as the IFE cannot be responsible for materials lost in transit.*

**10. REFEREES**

Please provide up to 4 referees (see sections 4.3 and 4.6 of the Guidance Notes for details).

**Please note: In order to gain a true reflection of your competence as an assessor and confirm the suitability of your approach to fire risk assessments from a client's point of view, we contact ALL referees supplied by you. Referees must be someone for whom you have personally carried out a fire risk assessment for, on their company's premises**

**An employer or line manager is only accepted as a referee if you have carried out assessments internal to your organisation; if so please indicate on section 3 of this form.**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_

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

\_\_\_\_\_

E-mail/

Website: \_\_\_\_\_

Date of the last Fire Risk Assessment that you personally carried out on premises owned by this company \_\_\_\_/\_\_\_\_/\_\_\_\_

For office use only  
Reference requested \_\_\_\_/\_\_\_\_/\_\_\_\_ (email/post)

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_

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

\_\_\_\_\_

E-mail/

Website: \_\_\_\_\_

Date of the last Fire Risk Assessment that you personally carried out on premises owned by this company \_\_\_\_/\_\_\_\_/\_\_\_\_

For office use only  
Reference requested \_\_\_\_/\_\_\_\_/\_\_\_\_ (email/post)

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_

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

\_\_\_\_\_

E-mail/

Website: \_\_\_\_\_

Date of the last Fire Risk Assessment that you personally carried out on premises owned by this company \_\_\_\_/\_\_\_\_/\_\_\_\_

For office use only  
Reference requested \_\_\_\_/\_\_\_\_/\_\_\_\_ (email/post)

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_

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

\_\_\_\_\_

E-mail/

Website: \_\_\_\_\_

Date of the last Fire Risk Assessment that you personally carried out on premises owned by this company \_\_\_\_/\_\_\_\_/\_\_\_\_

For office use only  
Reference requested \_\_\_\_/\_\_\_\_/\_\_\_\_ (email/post)