



Application for IRM Student Membership - University students

For office use only

Date received:	Ackn. date:	MRM:	Membership number:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PLEASE REFER TO THE GUIDANCE NOTES ON THE REVERSE OF THIS FORM BEFORE COMPLETING YOUR APPLICATION

1 Section 1 – Personal details

Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Other <input type="checkbox"/>	
Family name: <input type="text"/>	Home address: <input type="text"/>
First names: <input type="text"/>	
Date of birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Town: <input type="text"/>
Email: <input type="text"/>	County/State: <input type="text"/>
Mobile: <input type="text"/>	Postcode: <input type="text"/>
Telephone: <input type="text"/>	Country: <input type="text"/>

2 Section 2 – University details

Name of University <input type="text"/>	
Level of qualification <input type="text"/>	Masters <input type="checkbox"/> Degree <input type="checkbox"/>
Title of the degree or masters degree: <input type="text"/>	
Month and year of graduation: <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
I attach documentary evidence of my enrolment on the course <input type="text"/>	<input type="checkbox"/>

Data Protection and privacy

IRM will ensure that your personal data is processed in line with Data Protection legislation and IRM's Data Protection and Privacy Statement (available on the IRM website). In submitting this application you are deemed to have consented to IRM processing your data.

Sharing your data with third parties

IRM will never sell your data to third parties for commercial gain. We may, however, share your data with third parties who provide products and services that complement those offered by IRM. IRM will assume that you consent to us using your data in this way, unless you tick this box.

Sharing information with your employer

IRM will, upon request, provide your employer with details of your examination record and accreditation, including all attempts and future entries, unless you tick the following box.

Privacy and electronic communications regulations

IRM may from time to time wish to draw your attention to other IRM products and services electronically which are likely to be of interest to you. IRM will assume you consent to us using your data in this way, unless you tick the following box.

ADMISSION TO MEMBERSHIP

I hereby apply for admission as a student member of the Institute of Risk Management. I certify that the information supplied on this form is correct and I declare that:

- I am over 18 years of age.
- I have read and agree to abide by IRM's Code of Conduct. *
- I accept IRM's terms and conditions.
- I understand that:
 - I am not entitled to use any IRM designatory letters.
 - my membership of IRM will cease at the end of my university course.

Signed _____ Date _____

* The Code of Conduct can be downloaded from IRM's website <https://www.theirm.org/membership/become-a-certified-member/professional-code-of-conduct.aspx>

When you have completed your application form please send it to:

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F +44 (0)20 7709 0716
E membership@theirm.org
W www.theirm.org

We look forward to receiving your application.