# Application for Certified Membership of IRM (CMIRM)

 FOR OFFICE USE ONLY

 Date received:
 Ackn. date:

 MRM:
 Membership number:

In order to become a Certified Member of the Institute of Risk Management (CMIRM) you must have completed the IRM's International Diploma in Enterprise Risk Management, have a minimum of 3 years risk management work experience and have completed a minimum of 30 hours' continuous professional development (CPD) over the 12 months prior to applying for Certified Membership, excluding study for any IRM exams. You must also have a commitment to IRM's Code of Conduct.

This application form will be assessed by a member of IRM staff and you will be informed of the outcome of this assessment within 10 working days of its submission. Please ensure that all sections are completed and that all information is correct to the best of your knowledge and belief.

All applications must be typed in English. Hand-written forms will not be accepted.

Detailed guidance on completing the application form is included throughout. For any further assistance, please contact membership@theirm.org.

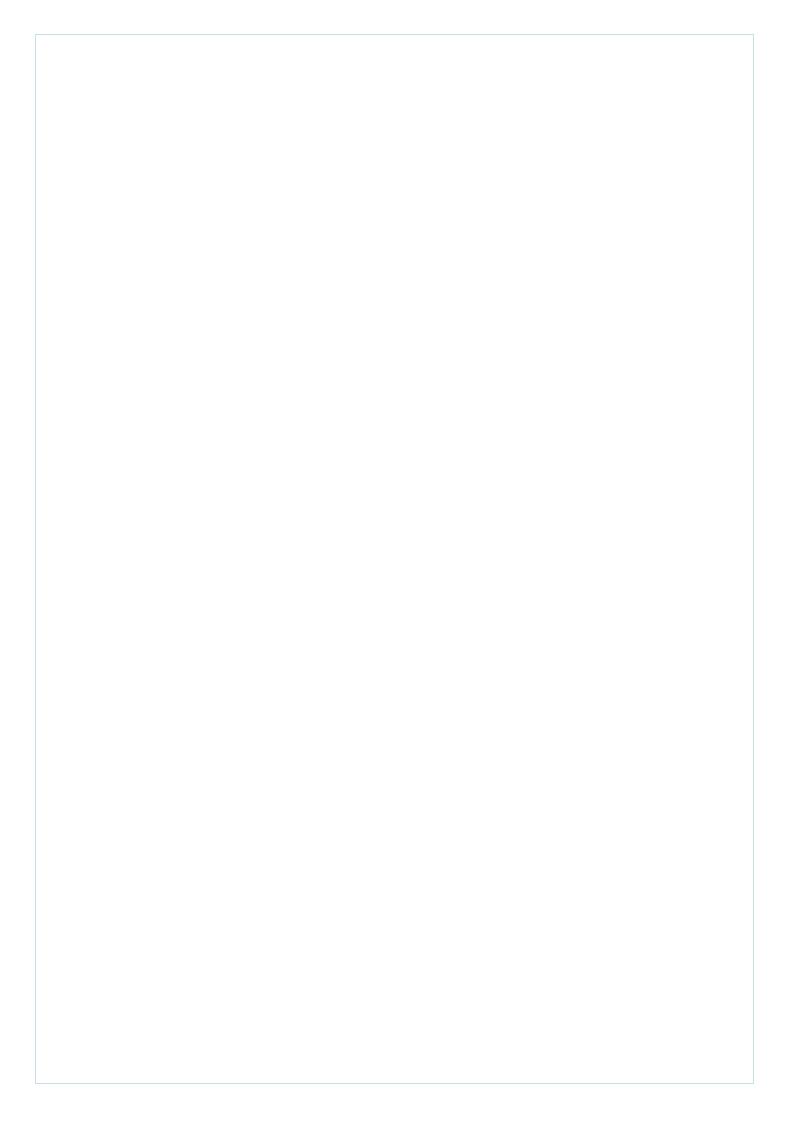
1 Person	al det	ails					
Title: Mr	Mrs	Ms	Miss	Dr	Prof	Other	Membership number:
Family name:							Email:
First names:							Tel:
Employer:							Country where based:

### 2 Qualifications

I completed the IRM International Diploma in Enterprise Risk Management in:

#### 3 Career history

Please use the space below to provide a <u>summary</u> of your career history giving dates, employers and roles. Please note that you are also asked to submit a current CV with your application. [750 words maximum]



# 4 CPD

Please provide evidence in the box below how <u>in the previous 12 months</u> you have met the IRM's requirement for qualified members to complete 30 hours of CPD annually. For each activity undertaken, you should outline

- what you did
- when you did it
- approximately how long it took
- the outcome of the activity
- the impact it has had on your work

Alternatively, you may wish to submit this information using the Personal Development Record that can be found on <u>the IRM website</u>.

Please note that study and preparation for IRM exams does not count as CPD.

#### 5 Verification

Please provide the name and contact details of at least one person who is able and willing to verify your experience. If you have changed organisations or roles within the last 3 years, please provide the details of a second referee who can verify this earlier experience.

Your referee(s) should have either been in a senior position to you, or been a member of the relevant HR department, and familiar with the work you were doing at the time. They do not have to be members of IRM, practising risk managers, your current line manager or residing in the same country as you. The IRM will ensure that any information provided regarding client assignments that may identify the organisation(s) involved will be kept entirely confidential.

It is very important that your referee(s) agree to be contacted by IRM by ticking the confirmation box and signing their name(s) in the space(s) provided. Alternatively, confirmation by email that they agree to be contacted can be provided.

Referee 1							
Title: Mr	Mrs	Ms	Miss	Dr	Prof	Other	
Surname						First name	
Job title						Organisation	
Email						Tel:	
Relationship to applicant							
Signature							
I confirm the I	IRM may c	contact m	e about thi	s applicc	ation for IR	M Certified Membership	
Referee 2							
Title: Mr	Mrs	Ms	Miss	Dr	Prof	Other	
Surname						First name	
Job title						Organisation	
Email						Tel:	
elationship to applicant							
Signature							
I confirm the IR	M may cor	ntact me d	about this c	applicatio	on for IRM	Certified Membership	

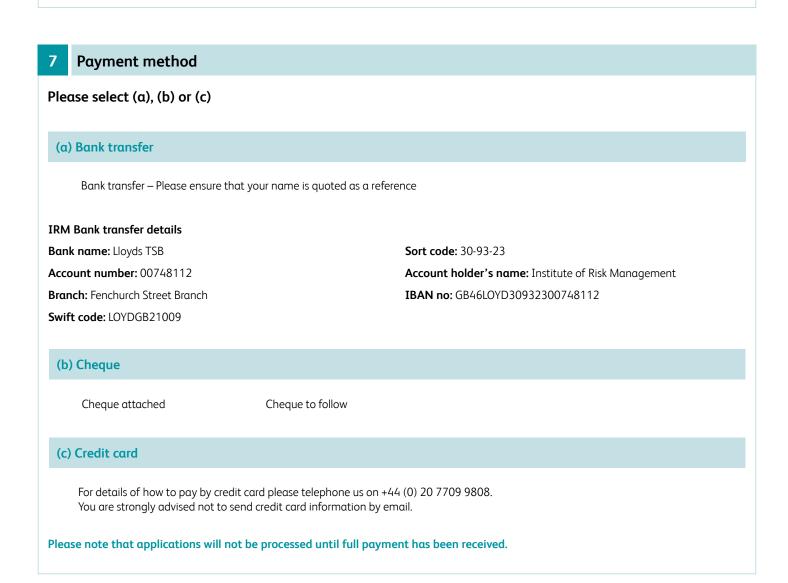
Application forms without this confirmation will be rejected.

#### 6 Payment

I wish to make payment of the following fees:

Conversion fee

£50



# 8 Declaration

#### I hereby apply to become a Certified Member of the Institute of Risk Management. I confirm that:

I have completed the IRM International Diploma in Enterprise Risk Management.

I have a minimum of three years' practical risk management experience.

I agree to comply with IRM's Code of Conduct.

I have undertaken a minimum of 30 hours CPD in the last 12 months and can provide evidence of this, if required.

The information supplied on this form is true to my knowledge and belief.

Signed

Date

#### **SUBMISSION**

Please email your completed application form with a copy of your CV to: membership@theirm.org

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W www.theirm.org