



Application for Certified Fellowship of IRM (CFIRM)

FOR OFFICE USE ONLY

Date received:

Ackn. date:

MRM:

Membership number:

In order to become a Certified Fellow of the Institute of Risk Management (CFIRM) you will need to have held the CMIRM designation for at least 2 years, have a minimum of 8 year's risk management work experience and have completed a minimum of 30 hours' continuous professional development over the 12 months prior to applying for Certified Fellowship.

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 Personal details

Title: Mr Mrs Ms Miss Dr Prof Other

Membership number:

Family name:

Email:

First names:

Tel:

Employer:

Country where based:

2 IRM Membership

I became a Certified Member of the Institute of Risk Management (CMIRM) in:

3 Career history

Please use the space below to provide a summary 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]

Please provide evidence in the box below how in the previous 12 months 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 [the IRM website](#).

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

5 Verification

Please provide the name and contact details of two people who are able and willing to verify your experience.

Your referees 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. 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 referees agree to be contacted by IRM by ticking the confirmation box and signing their names in the spaces provided. Alternatively, confirmation by email that they agree to be contacted can be provided.

Application forms without this confirmation will be rejected.

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 IRM may contact me about this application for IRM Certified Fellowship

Referee 2

Title: Mr Mrs Ms Miss Dr Prof Other

Surname

First name

Job title

Organisation

Email

Tel:

Relationship to applicant

Signature

I confirm the IRM may contact me about this application for IRM Certified Fellowship

6 Payment

I wish to make payment of the following fees:

Conversion fee

£50

7 Payment method

Please select (a), (b) or (c)

(a) Bank transfer

Bank transfer – Please ensure that your name is quoted as a reference

IRM Bank transfer details

Bank name: Lloyds

Sort code: 30-93-23

Account number: 00748112

Account holder's name: Institute of Risk Management

Branch: Leadenhall Street Branch

IBAN no: GB46LOYD30932300748112

Swift code: LOYDGB21009

(b) Cheque

Cheque attached

Cheque to follow

(c) Credit card

For details of how to pay by credit card please telephone us on +44 (0) 20 7709 9808.

You are strongly advised not to send credit card information by email.

Please note that applications will not be processed until full payment has been received.

8 Declaration

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

I have held the CMIRM designation for a minimum of two years.

I have a minimum of eight 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.

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

Institute of Risk Management

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