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**THE SAFETY AND RELIABILITY SOCIETY**

**HOLLINWOOD BUSINESS CENTRE, ALBERT STREET, OLDHAM, GREATER MANCHESTER OL8 3QL**

TELEPHONE: 0161 393 8411

Email: info@sars.org.uk

BEFORE COMPLETING THIS FORM PLEASE READ THE GUIDE TO APPLICATION FOR MEMBERSHIP

If the information required regarding education and practical experience is already included on your CV you do not have to fill in Sections 1 and 2 – just attach your CV initialled by the proposer/seconder where appropriate

**DECLARATION OF APPLICANT** - Please use block letters

To the Council of the Safety and Reliability Society:

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
|  |  |
|  |  |
| **Postcode:** |  |
|  |  |
| **Tel Work:** |  |
| **Tel Home:** |  |
| **Email:** |  |
|  |  |
| **Occupation:** |  |
| **Employer:** |  |
|  |  |

I apply to be admitted to membership of the Safety and Reliability Society subject to the bylaws of the Society.

**SIGNATURE OF APPLICANT**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE OF APPLICATION** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class of membership for which you wish to be considered:

|  |  |  |  |
| --- | --- | --- | --- |
| **Grade applied for** |  | **Transfer** | **Current grade** |
| Member (standard route) |  |  |  |
| Member (experience route) |  |  |  |
| Associate Member |  |  |  |

Confidentiality - The information on this form, when completed, will be treated in confidence for the use of the Society only. The Society reserves the right to disclose relevant information to nominated referees when consulting them.

1. **DETAILS OF ACADEMIC / TECHNICAL EDUCATON (A CV initialled by proposer/seconder may be substituted for this section)**
   1. **GENERAL EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Last school attended** | **From** | **To** | **Examinations passed** |
|  |  |  |  |
|  |  |  |  |

**1.2 TECHNICAL EDUCATION**

Indicate whether University (U), Technical College (TC), Further Education Centre (FE) or evening class (E)

|  |  |  |  |
| --- | --- | --- | --- |
| **From** | **To** | **Establishment** | **Brief title of course completed** |
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* 1. **QUALIFICATIONS**

Please enclose evidence of the professional or technical qualifications relevant to the application

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| --- | --- | --- |
| **Date** |  | **Qualifications Gained** |
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* 1. **OTHER AFFILIATIONS**

Please enter details of membership of relevant institutions / Engineering Council

|  |  |  |
| --- | --- | --- |
| **Affiliation** | **Membership Grade** | **Membership Number** |
|  |  |  |
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|  |  |  |
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1. **DETAILS OF PRACTICAL EXPERIENCE (A CV initialled by proposer/seconder may be substituted for this section)**
   1. **TRAINING:**  Please give details of any courses attended or training in safety or reliability technology since completion of full-time education

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Description of training course** | | **Training centre** |
|  |  |  | |
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* 1. **EMPLOYMENT:** Please give details of all employment since completion of full-time education.

Dates (Please state both month and year)

|  |  |  |
| --- | --- | --- |
| **Date** | **Employer and nature of business** | **Position held** |
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* 1. **EXPERIENCE:** Referring to the Guide to Application for Membership, please give details of experience relevant to the application of safety and reliability technology. If necessary attach a continuation sheet.

|  |  |
| --- | --- |
| The proposer and seconder should initial in this space those particulars of the applicants experience of which they have personal knowledge |  |

**DECLARATION BY PROPOSER AND SECONDER OF APPLICANT**

PROPOSER: I,

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
|  |  |
|  |  |
| **Affiliations/ qualifications** |  |
| **Occupation** |  |
| **Position** |  |
| **Membership number/grade** |  |

having known the applicant personally for \_\_\_\_ years propose \*his/her \*admission/transfer application and have initialled aspects of \*his/her experience (section 2.3 or CV) of which I have personal knowledge.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SECONDER: I,

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
|  |  |
|  |  |
| **Affiliations/ qualifications** |  |
| **Occupation** |  |
| **Position** |  |
| **Membership number/grade** |  |

having known the applicant personally for \_\_\_\_\_ years second the proposal for \*his/her \*admission/transfer application and have initialled aspects of \*his/her experience (section 2.3 or CV) of which I have personal knowledge.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, certify that the statements in this application are true, and do hereby agree that in the event of my \*election/transfer in the Society I will be governed by the By-laws of the Safety and Reliability Society as they are now formed or as they may hereafter be altered, and that I will not use any titles, abbreviated titles or descriptions associated with the Society except those to which I may be entitled under the By-laws and that I will advance the objects of the Society as far as shall be in my power.

I further undertake that I will pay the subscription from time to time prescribed in the By-laws, and if at any time I shall desire to withdraw from the Society I will forthwith pay to the Society all arrears of subscription or other payments due from me.

I understand that the Society is a Company Limited by Guarantee and not having Share Capital. I undertake to contribute such amount as may be required (not exceeding one pound sterling) to the Society's assets if it should be wound up while I am a member or within one year after ceasing to be a member.

Signature of applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_

**OFFICE USE ONLY: Date considered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Membership number \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Representative of Membership and Grading Committee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Membership grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**