

IRISH PLANNING INSTITUTE

Membership Application Form

Personal information supplied by applicants may be stored by electronic means e.g. database, for use only in connection with this application and subsequently to contact you in relation to your IPI membership. The provisions of the Data Protection Act, 1988- 2003 will be fully complied with.

PLEASE CAREFULLY NOTE THE FOLLOWING INSTRUCTIONS

Please download and complete this membership application form and collect necessary accompanying documentation before beginning the application process online.

Save the entire document, noting the file name and its location. Once completed and saved you should return to the 'Join the IPI' section of www.ipi.ie.

We recommend you keep a copy of your application for your records.

Please also upload any additional information with your application that you would like assessed alongside your application for IPI membership.

If your planning qualification is not accredited by the Irish Planning Institute, you are required to include a transcript which includes details of the ECTS credits for your qualification with your application.

Please note: For Corporate and Affiliate Membership, if you cannot provide two nominations from current Corporate IPI members, please contact the Institute before submitting your application.

Submit your completed application form with proof of academic qualifications and any additional information when you make your application online at www.ipi.ie/membership/join-ipi.

The onus to provide all required information is with the applicant. Application assessment may be delayed if all relevant information is not included with your application.

MEMBERSHIP CATEGORY APPLIED FOR

Graduate

Corporate

Affiliate

Fellow

Students – please fill in dedicated student application form

PERSONAL DETAILS

Name: _____

Date of Birth: _____

Email: _____

Phone Number: _____

Mobile Number: _____

Home Address:

RELEVANT QUALIFICATIONS

UNDERGRADUATE EDUCATION

Course: _____

Name of Institution: _____

Address of Institution:

Dates of Attendance

DD / MM / YYYY

TO

DD / MM / YYYY

POSTGRADUATE EDUCATION

Course: _____

Name of Institution: _____

Address of Institution:

Dates of Attendance

DD / MM / YYYY

TO

DD / MM / YYYY

Please provide details of any other third level education or courses completed:

PROFESSIONAL EXPERIENCE

Please note: Current and former employers may be contacted to confirm your employment details.

If required, please upload additional professional experience as a separate document

Please begin with your most recent work experience

Job Title: _____

Organisation: _____

Address: _____

Principal Duties:

Start Date: _____

End Date: _____

Name of Reference: _____

Title: _____

Phone Number: _____

Email Address: _____

Job Title: _____

Organisation: _____

Address: _____

Principal Duties:

Start Date: _____

End Date: _____

Name of Reference: _____

Title: _____

Phone Number: _____

Email Address: _____

Job Title: _____

Organisation: _____

Address: _____

Principal Duties:

Start Date: _____

End Date: _____

Name of Reference: _____

Title: _____

Phone Number: _____

Email Address: _____

Job Title: _____

Organisation: _____

Address: _____

Principal Duties:

Start Date: _____

End Date: _____

Name of Reference: _____

Title: _____

Phone Number: _____

Email Address: _____

MEMBERSHIP

Why have you decided to join the IPI?

Employment Opportunities

Exclusive Content

Professional Recognition

Membership Network

CPD

Other: _____

Are you currently an IPI Member in another category? If yes, please specify.

Were you formerly an IPI Member? (If yes, please provide details of previous membership category and dates)

Are you a member of any other professional body?

Yes

No

If yes, please specify

How did you hear about the IPI?

If you are applying for Corporate, Affiliate or Fellow Membership, please give the name and contact details of two current Corporate/Fellow members of the Institute to propose you for membership.

1ST NOMINATION

Name: _____

Title: _____

Phone Number: _____

Email Address: _____

2ND NOMINATION

Name: _____

Title: _____

Phone Number: _____

Email Address: _____

Nominators must also sign your accompanying C.V. beside experience they have witnessed or can personally verify.

FELLOWSHIP

If you are applying for Fellowship Membership of the IPI, Please complete the following section.

Please indicate your involvement as a corporate member on the Irish Planning Institute Council or as an officer on one of the Institute's branches (a minimum of four years required) or please describe in detail your contribution to the development of the Institute. (Please continue on a separate sheet if necessary)

UNDERTAKING

I do hereby undertake that, in the event of my election to membership of the Irish Planning Institute, I will be governed by the Constitution and Code of Ethics and Professional Conduct of the Institute, and that I will promote the objectives of the Institute insofar as I am able.

I undertake

I hereby confirm that all details and particulars provided by me are correct

I agree

I agree that the IPI may make any enquiries it considers necessary to establish such matters as qualifications and experience, and to the release by other people/organisations (including any employer/former employer/third level institution) of such information as may be necessary for that purpose.

I agree

I agree that the IPI may store the information provided in this application and contact me through the details provided. The provisions of the Data Protection Act, 1988- 2003 will be fully complied with.

I agree

DECLARATION

Name: _____

Date: _____