

Application for Affiliate Membership

PLEASE USE BLOCK CAPITALS

Membership Number	
Title	
Forename(s)	
Surname	
Address	
Post Code/Zip Code	
Home Telephone Number	
Mobile Telephone Number	
Registered Email Address	

A DECLARATION

- 1 I HEREBY APPLY for Affiliate membership following my completion of the Certificate in Charity Finance and Accountancy.
- 2 I UNDERTAKE, if approved to,
 - (a) Observe the provisions of the Supplemental Charter and of the Bye-Laws and Regulations of the Institute for the time being in force;
 - (b) Observe the ethical and technical guides to conduct, principles or rules from time to time established or approved by the Institute;
 - (c) Provide promptly and willingly such cooperation and assistance, as I am able, if asked to do so by the Institute in pursuance of its duties.
- 3 In order for my application form to be processed I enclose the required application fee of £30.00 (*see attached form for details of how to pay*).
- 4 I hereby declare that the information given in my application is, to the best of my knowledge, correct.
- 5 Date of application _____ Signature _____

B COMPETENCE & FITNESS

- 1 Are there any matters reflecting your competence or fitness of which the Institute ought to be aware? This includes, but is not limited to:
- Any convictions in the UK (which is not a 'spent' conviction within the meaning of the UK Rehabilitation of Offenders Act 1974) or elsewhere under equivalent legislation, other than a motoring offence not resulting in disqualification.
 - Being charged with an offence which has not yet come to trial.
 - Failure to satisfy a judgement debt.
 - An adverse finding against you by a professional body or regulator.
 - Any act or default which prejudicially affects the status, reputation or welfare of the Institute.
 - Any act or default likely to bring discredit upon you, your employer, the Institute or the profession of accountancy.

Yes If yes, please give details on a separate sheet of paper. No

- 2 Have you ever been disqualified as a Director in the UK or elsewhere?
If so, please provide details with this application.

Yes If yes, please give details on a separate sheet of paper. No

- 3 Have you been declared bankrupt in the UK or elsewhere?
If so, please provide details with this application. If yes, but the bankruptcy has been discharged, please enclose a copy of your certificate of discharge.

Yes If yes, please give details on a separate sheet of paper. No

- 4 Have you ever undertaken an Individual Voluntary Arrangement between you and creditors to repay debts on a formal basis?
If so, please provide details with this application.

Yes If yes, please give details on a separate sheet of paper. No

- 5 Have you entered into a composition with creditors or a deed of arrangement for the benefit of creditors in the UK or entered into equivalent arrangements outside the UK?
If so, please provide details with this application.

Yes If yes, please give details on a separate sheet of paper. No

Please note that the Institute may make further enquiries of you and/or third parties in relation to the above disclosures in order to assess the impact upon your application.

C COMPLETION OF CIPFA APPROVED TRAINING SCHEME

To apply for Affiliate membership you must have completed 50 Initial Professional Development Scheme workplace experience days and your Log of Workplace Experience must be submitted with this application for approval.

D EMPLOYER CERTIFICATE

To be completed by the Training Principal, or officer authorised to act on behalf of the Training Principal.

I _____ certify that _____

has completed the approved programme of workplace experience, OR was exempted from the CIPFA workplace experience. *(delete as applicable)*.

Name _____ Job Title _____

Signature _____ Date _____

E YOUR EMPLOYMENT DETAILS

Job Title: _____

Department: _____

Organisation: _____

Address: _____

Postcode: _____

Telephone: _____

Work Email: _____

F OTHER INFORMATION

You are under no obligation to supply information on the first three questions, but your co-operation is appreciated. This information is treated as sensitive and will only be used for monitoring and statistical purposes.

1 I would describe my ethnic origin (not nationality) as:

White European	<input type="checkbox"/>	White Other	<input type="checkbox"/>	Black African	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>
Black Other	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Other	<input type="checkbox"/>				<input type="checkbox"/>

2 In line with schedule 1 of the Disability Discrimination Act 1995, you are invited to respond to the following question:

“Do you have a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day to day activities?”

YES NO

3 Date of Birth

4 Designatory letters you are entitled to use (e.g BA, MAAT etc)

5 Institute notices are dispatched to Affiliate members 'Registered' email address. If you would prefer not to receive these notices electronically please tick the box.

6 With your membership you will be entitled to receive a number of services. If you do not wish to receive these services please indicate which services you wish to opt out of below:

Public Finance magazine – sent monthly by post

You may also like to sign up to Public Finance Update which is daily email by registering on <http://www.publicfinance.co.uk/about/public-finance/email/>.

Spreadsheet. CIPFA's bi-monthly on-line magazine for member's and student's.

F ***Continued***

Regional events and communications

CIPFA Rewards (discounts on a wide range of benefits and services)

7 CIPFA Preference Centre

CIPFA has a preferred based mailing system, through which you let us know which CIPFA themes are of interest to you. By registering and indicating your preferences this will ensure that you receive only information that is of interest and relevance to you. To register please visit www.cipfa.org.uk/corporate/subscribe.cfm.

The information given on this form will be used by CIPFA to administer and manage your membership and will be held on our database. From time to time we may send you information regarding CIPFA Group products and services, but CIPFA will not sell or pass on your details to third parties without your consent.

Please complete and return the application plus payment for the application fee to the Membership department, 3 Robert Street, London WC2N 6RL. If you have any questions or require any advice on completing the application please contact the Membership department on +44 (0)20 7543 5665 or email membership@cipfa.org.uk.

To pay your membership and/or application fee by credit or debit card please complete the details below:

Membership Department
CIPFA
3 Robert Street
London WC2N 6RL



CARD NUMBER

START DATE (*Maestro cards only*)

EXPIRY DATE

ISSUE NUMBER (*Maestro cards only*)

SECURITY CODE

NAME ON CARD

AMOUNT

MEMBERSHIP NUMBER

SIGNATURE OF CARDHOLDER

DATE

If you have any queries about the completion of the form or would prefer to pay over the telephone please contact the Membership department on +44(0)20 7543 5665.

Payment can also be made on-line via the CIPFA shop at <http://secure.cipfa.org.uk>. If payment is made by this method please, attach a copy of the order confirmation to your application.