Application Form

Personal Details

Title _____ First name(s) _____

Surname _____ DOB DD/MM/YY _____

Address 1 _____ Gender _____

Address 2 _____ Mobile _____

Town / City _____

County _____

Post code _____

Work Details

Employer _____ Position / job title _____

Address 1 _____ Work telephone _____

Address 2 _____ Work mobile _____

Address 3 _____ Work email _____

Town / City _____ Website _____

County _____ Preferred address _____

Post Code _____ Preferred email _____

Formal Qualification For Inspecting Fire Doors

Qualification held _____ Date of award _____

Copy of Certificate Attached to Application Yes / No _____

Member of UKAS Accredited Inspection Scheme Yes / No _____

Certificate Attached Yes / No _____

Do you:

Have any vested interests to do with fire door inspections? (Do you supply doors or other components or provide installation, repairs or maintenance services? _____

Have any connection, business interests or dealings with suppliers of fire doors and components / service providers for installation, maintenance or repairs to fire doors? _____

Can you provide a recent (less than 12 months from application date) basic **Disclosure and Barring Service (DBS) check** record? This is a mandatory requirement with all applications. _____

Application Form

Area of Operation

Please indicate which postal code areas you wish to be included in for potential client searches.

Scotland

	All	_____
AB	Aberdeen	_____
DD	Dundee	_____
DG	Dumfries	_____
EH	Edinburgh	_____
FK	Falkirk	_____
G	Glasgow	_____
HS	Comhairle	_____
IV	Inverness	_____
KA	Kilmarnock	_____
KW	Kirkwall	_____
KY	Kirkaldy	_____
ML	Motherwell	_____
PA	Paisley	_____
PH	Perth	_____
TD	Galashiels	_____
ZE	Shetland	_____

Wales

	All	_____
CF	Cardiff	_____
LD	Llandrindod	_____
LL	Llandudno	_____
NP	Newport	_____
SA	Swansea	_____
SY	Shrewsbury	_____

Channel Islands

	All	_____
GY	Guernsey	_____
JE	Jersey	_____

Northern Ireland

BT	Belfast	_____

Isle of Man

IM	Isle of Man	_____

North-West

	All	_____
CA	Carlisle	_____
CH	Chester	_____
CW	Crewe	_____
FY	Blackpool	_____
HD	Huddersfield	_____
HX	Halifax	_____
L	Liverpool	_____
LA	Lancaster	_____
M	Manchester	_____
OL	Oldham	_____
PR	Preston	_____
SK	Stockport	_____
WA	Warrington	_____
WN	Wigan	_____

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North-East

	All	_____
DH	Durham	_____
DL	Darlington	_____
HG	Harrogate	_____
HU	Hull	_____
LS	Leeds	_____
NE	Newcastle	_____
SR	Sunderland	_____
TS	Cleveland	_____
WF	Wakefield	_____
YO	York	_____

West Midlands

	All	_____
B	Birmingham	_____
CV	Coventry	_____
DY	Dudley	_____
HR	Hereford	_____
NN	Northampton	_____
ST	Stoke on Trent	_____
TF	Telford	_____
WR	Worcester	_____
WS	Walsall	_____
WV	Wolverhampton	_____

East Midlands

	All	_____
DE	Derby	_____
DN	Doncaster	_____
LE	Leicester	_____
LN	Lincoln	_____
NG	Nottingham	_____
S	Sheffield	_____

East of England

	All	_____
AL	St. Albans	_____
CB	Cambridge	_____
CM	Chelmsford	_____
CO	Colchester	_____
HP	Hemel	_____
IP	Ipswich	_____
LU	Luton	_____
NR	Norwich	_____
PE	Peterborough	_____
SG	Stevenage	_____
SS	Southend	_____

Greater London

	All	_____
BR	Bromley	_____
CR	Croydon	_____
DA	Dartford	_____
E	London	_____
EC	London	_____
EN	Enfield	_____
HA	Harrow	_____
IG	Ilford	_____
KT	Kingston	_____
N	London	_____
NW	London	_____
RM	Romford	_____
SE	London	_____
SM	Sutton	_____
SW	London	_____
TW	Twickenham	_____
UB	Southall	_____
W	London	_____
WC	London	_____
WD	Watford	_____

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South-West

	All	_____
BA	Bath	_____
BH	Bournemouth	_____
BS	Bristol	_____
DT	Dorchester	_____
EX	Exeter	_____
GL	Gloucester	_____
PL	Plymouth	_____
SN	Swindon	_____
SP	Salisbury	_____
TA	Taunton	_____
TQ	Torquay	_____
TR	Truro	_____

South-East

	All	_____
BN	Brighton	_____
CT	Canterbury	_____
GU	Guilford	_____
ME	Medway	_____
MK	Milton Keynes	_____
OX	Oxford	_____
PO	Portsmouth	_____
RG	Reading	_____
RH	Redhill	_____
SL	Slough	_____
SO	Southampton	_____
TN	Tonbridge	_____

Insurance

It is a membership requirement of AFDI that all active inspectors hold current Profession Indemnity and Public Liability insurance. Insured amounts is at your discretion. Please include a copy of your certificate. Y/N _____

Inspection Report

It is a membership requirement that all active inspectors submit a copy of an actual inspection report (as submitted to your client). The report may of course be redacted to make the client anonymous. Y/N _____

Please complete all sections:

1. Personal Details.
2. Work Details.
3. Qualification.
4. Confirmation of no vested interest.
5. Post Code areas in which you wish to operate.
6. Confirm insurance certificates attached.
7. Confirm actual report (redacted if required) attached.

Save this document as a PDF on your computer with your name added to the end of the file name for example 'AFDI Membership Application Form A Nother'

Documents to send to: membership@afdi.org.uk

1. This completed form – this document will be retained electronically.
2. Insurance certificate – this document will be securely destroyed.
3. Actual report – this document will be securely destroyed
4. Qualification certificate – this document will be retained electronically.
5. UKAS accredited scheme membership if applicable – this document will be retained electronically.
6. Copy of clear DBS check - this document will be retained electronically.
7. Passport style photograph (for ID card) - this picture will be retailed electronically.

If you find file sizes are too large for your email system we would advise a file transfer system such as www.wetransfer.com where it is possible to send up to 2gb at no cost.

You will be notified by email within 10 working days of the decision on your application and level of membership offered.

Application Form

Signature

I confirm that all information is correct to the best of my knowledge. Any documents provided in support of this application are genuine / current, and the photograph provided is a true likeness of the person named in this application.

Signed

Print

Date

When you have completed the form and signed above to verify a copy of the form will automatically be emailed to you for your records. Please ensure you email all supporting documents as detailed on the previous page to membership@afdi.org.uk within 24 hours of completing the form.

You will be notified if your application has been accepted within 5 working days.

Official use only.

Form checked for compliance _____

Qualification verified _____

Insurance sufficient _____

Inspection report approved _____

Clear DBS check provided _____

UKAS scheme membership confirmed _____

ID photograph provided _____

Membership accepted _____

If rejected, brief explanation _____

Membership level awarded _____

Signed

Date