



The Independent Organisation for Licensed Verifiers & Assessors

MEMBERSHIP APPLICATION FORM

Applicant's Name (please print):

Date of Birth:

Address (including postcode):

Contact Telephone Number & E-mail Address:

Please provide the following information:

Qualifications I assess:

Qualifications I internally verify:

Qualifications I externally verify:

D32 Award date:

D33 Award date:

D34 Award date:

D35 Award date:

D36 Award date:

A1 Award date:

A2 Award date:

V1 Award date:

V2 Award date:

I enclose a copy of my Assessor/Verifier Certificate(s) signed and dated by a Witness who has seen the original(s) and who is willing to be contacted as part of IVA authentication procedures. []

Contact Telephone Number of Witness:

I enclose a cheque for £28 made payable to IVA Ltd. []

or

Please invoice me for £28. [] If invoicing name or address is different from your own, please provide details, quoting any order or purchase number to be used.

Applicant's Signature:

Date:

The completed Application Form should be returned to The Membership Secretary