

MEMBERSHIP UPGRADE APPLICATION

Name:	Date of Birth:
Job title:	Employer:
Home address (including postcode):	Daytime Tel No:
	Mobile Tel No:
	Email address:
Current ILP Grade:	Membership No:
Existing Post Nominal Letters:	

Please attach the following to your completed application:

- a) An expanded CV covering the past 3 years showing your interest and involvement in lighting (max 3 pages)
- b) A brief CV covering any further experience (max 1 page)
- c) A copy of your highest relevant academic certificate (if appropriate)
- d) CPD records for the past 2 years
- e) A CPD forward plan for the next 12 months

I confirm that the contents of this application form and any continuation sheets and attachments are true and valid and represent my own effort. I confirm that I will uphold the values of the ILP and confirm that I have read and will conform to the ILP Code of Professional Conduct.

Signed:	Date:
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PROPOSER DECLARATION

Applicant's Name:

Important declaration by the Proposer

Proposers should understand their responsibility in supporting the applicant with this submission. Proposers must ensure that the applicant is fully aware that only those who have fully demonstrated the requirements of membership of the ILP will be accepted. Proposers are required to complete this form based upon personal knowledge of the candidate.

My personal knowledge of the applicant's work extends from (year) to (year).

Are you in regular contact with the applicant? YES / NO

If no, when was the last time you were in regular contact?

My association with the applicant is that of (tick applicable): Employer Colleague

Please describe/expand: _____

Is the applicant currently employed in a post of responsibility that is involved in lighting? YES / NO

If yes, for how long? (years)

Client

Proposer's Name:

Organisation:

Job Title:

Email:

Tel No:

I know the applicant personally. I have scrutinised the applicant's submission, initialled the parts which I have verified personally, and believe that he/she is a fit and proper person for membership of the Institution.

Signed:

Date:

SECONDER DECLARATION

Applicant's Name:

Important declaration by the Seconder

Seconders should understand their responsibility in supporting the applicant with this submission. Seconders must ensure that the applicant is fully aware that only those who have fully demonstrated the requirements of membership of the ILP will be accepted. Seconders are required to complete this form based upon personal knowledge of the candidate.

My personal knowledge of the applicant's work extends from (year) to (year).

Are you in regular contact with the applicant? YES / NO

If no, when was the last time you were in regular contact?

My association with the applicant is that of (tick applicable): Employer Colleague
 Client Other

Please describe/expand: _____

Is the applicant currently employed in a post of responsibility that is involved in lighting? YES / NO

If yes, for how long? (years)

Seconder's Name:

Organisation:

Job Title:

Email:

Tel No:

I know the applicant personally. I have scrutinised the applicant's submission, initialled the parts which I have verified personally, and believe that he/she is a fit and proper person for membership of the Institution.

Signed:

Date: