



# Student Application Form

## Personal Details

Title		First Name(s)		Family Name	
Home Address Line 1				Personal Mobile	
Home Address Line 2				Personal Email	
Home Address Line 3				Home Telephone	
Town/City					
County/State				Gender	
Post/Zip Code				Date of Birth	
Country					
I have been a member of the IFE before. If YES, please state grade and membership number				YES/NO	

## Present Employment (if applicable)

Name of Organisation		Website	
Work Address Line 1		Work Mobile	
Work Address Line 2		Work Email	
Work Address Line 3		Work Telephone	
Town/City			
County/State		Job Title	
Post/Zip Code			
Country			

Preferred Contact Details:

Home/Work



## Current Study Programme

IFE Units/Qualifications (if applicable):	IFE Candidate Number:
---	-----------------------

Name of College/University			
Town		Country	
Name of Course			
Course Start Date		Course End Date	
Mode of Study	Full Time / Part Time / Distance / Other (please specify)		

- I attach a letter from my education provider or employer (or other suitable evidence) that I am enrolled on a programme of study currently.
- I understand that I must be following a programme of study to be in Student membership of the IFE and that I can only remain as a Student member for a maximum of 5 years.
- I confirm that I have read the IFE Rules of Membership.
- I confirm that all details in this application form and supporting documents are true to the best of my knowledge.

Signed \_\_\_\_\_ Date: \_\_\_\_\_