**Australasian Institute of Emergency Services**

**Application for the Advancement in Status from Member to that of Fellow**

TO: National Membership Officer

|  |  |
| --- | --- |
| I |  |

|  |  |
| --- | --- |
| of | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Date of Birth | Click or tap to enter a date. |

Hereby apply for the advancement to Fellow of the Institute

|  |  |
| --- | --- |
| I was admitted as a member of the Institute on (date) | Click or tap to enter a date. |

|  |  |
| --- | --- |
| My Division is | Click or tap here to enter text. |

1. **I have been employed as follows:**

|  |  |  |
| --- | --- | --- |
| From | To | Appointment / Position – Duties / Responsibilities |
| Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. |
| Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. |
| Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. |
| Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. |

1. **Other activities that I have undertaken to further the Profession include** (attached separate documents if insufficient space):

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|  |

1. I submit the following names of members of the Institute who have known me personally for a period of three or more years, and who will be prepared to confirm the above information and support my application. (minimum 3)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name 1** | Click or tap here to enter text. | Email | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. | Address | Click or tap here to enter text. |
| **Name 2** | Click or tap here to enter text. | Email | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. | Address | Click or tap here to enter text. |
| **Name 3** | Click or tap here to enter text. | Email | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. | Address | Click or tap here to enter text. |

1. **Additional Comments**

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**Declaration**

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| I declare the above to be true and hereby agree to be bound by the Constitution, Rules and Code of Conduct of the Institute. I submit that I comply with the requirements of Rule 10.1.1 and Rule 10.9 of the AIES Rules for advancement to the status of Fellow. I further declare that I have served the emergency service profession with distinction and credit, have achieved a reputation for responsibility and competence as an emergency officer/practitioner and that I comply with the requirements for appointment. |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed at | Click or tap here to enter text. | in the State of | Click or tap here to enter text. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| This | Click or tap here to enter text. | day of | Click or tap here to enter text. | 20 | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Applicant\* | Click or tap here to enter text. | Witness | Click or tap here to enter text. |

\* Note: Applicant must either physically sign and return the document in pdf format, or use digital signing software to insert a secure digital signature.

Email this completed form to National Memberships at: [membership@aies.net.au](mailto:membership@aies.net.au)

**For Office Use**

|  |  |  |  |
| --- | --- | --- | --- |
| Application recommended by Division | [Y] / [N] | Date | Click or tap to enter a date. |
| Application approved by Board | [Y] / [N] | Date | Click or tap to enter a date. |
| Fee received [Y] / [N] | [Y] / [N] | Receipt No. | Click or tap here to enter text. |
| Entered in Member Register | [Y] / [N} | Date | Click or tap to enter a date. |