INSTITUTE OF CONSTRUCTION CLAIMS PRACTITIONERS

Member Application Form

Please complete this form and return a copy with your membership application.
Please feel free to include any additional information which may support your application.

Name:	
Address:	
Telephone:	
Email (please provide a personal rather than a work email address):	
Membership level applied for (Associate, Member, Fellow):	
Post school academic qualifications (please attach certificate):	
Courses completed relating to claims (please attach copies of certificates):	
Membership of professional institutes (state membership level) (please attach copies of certificates):	
Current job title:	
Current company:	

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Company type (e.g. contractor, consultant, sub-contractor, etc. Please be specific):	
List 3 previous job titles:	
Number of years worked in construction industry (must be verifiable by reference to CV):	
Number of years work experience dealing with claims as part of job requirements (must be verifiable by reference to the Details of Claims Experience Form):	
Number of years where job role demanded a significant amount of time spent dealing with claims (must be verifiable by reference to the Details of Claims Experience Form):	
Additional information in support of application:	
How did you hear about the ICCP?	

In the case of an application for Fellowship, the applicant, by submitting this application commits to actively support the institute and to contribute at least one of the following per year:

1. Serve on the ICCP committee;
2. Submit at least one article for publication in the institute magazine;
3. Provide at least one paper, case study or other item of information for the institute's knowledge base per year;
4. Provide a minimum of one presentation at institute seminars or conferences per year.

Please indicate how you intend to actively support the institute (please enter number 1, 2, 3 or 4 from the options above and note that more than one option may be selected): ☐

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Before submitting your membership application please review the checklist below and ensure that you have included everything that is required.

Item	✓
Application Form (all pages must be signed by referee)	
Referee Endorsement Form	
CV (all pages must be signed by referee)	
Details of Claims Experience Form (all pages must be signed by referee)	
Copies of all relevant qualification certificates	
Copies of all relevant professional institute membership certificates	
Proof of payment	

Applicant's signature:	
Date:	

Referee's signature:	
Date:	

☑ Please deselect this box if you do not wish to receive news and updates from the ICCP.

☐ Please select this box to confirm that, if your application is successful, you agree to uphold and act in accordance with the ICCP Code of Ethics.