

INSTITUTE OF SAFETY PROFESSIONALS OF NIGERIA

National Secretariat:

46, Ikotun-Isolo Road, Egbe Town, Lagos. Tel: +234(0)805 399 9616, +234(0)803 333 3735 **Website:**
www.ispon.gov.ng **E-mail:** info@ispon.gov.ng

MEMBERSHIP APPLICATION FORM

Name:

Membership No.:

Admission into membership of the Institute is open to candidates who are actively involved in safety practice and whose educational or professional qualifications and work experience are relevant and adequate to satisfy the entry requirements of the Institute. ***A Safety Professional means any person qualified in an engineering discipline, occupational health sciences, environmental sciences or other scientist or specialist in a related discipline with acceptable qualification who has acquired knowledge in the practice of safety management and whose name is in the register of the Institute of Safety Professionals of Nigeria.***

Applicant is expected to write an examination, submit a project at a screening interview. The application is valid for one year from date of purchase.

PART 1

Personal Information

1. Name:

2. Date of Birth:

3. Postal Address:

Residential Address:

4. Employer's Name & Address:

a. Nature of Employer's Business:

b. Phone No:

E-mail:

c. Post occupied by Applicant:

d. Academic Qualification:

- e. Field of study:
- f. Job Description:
- g. Years of Work Experience:
- h. HSE Professional Exposure -(full time or part time):.....
- i. State:

Educational Institutions attended	From	To	Qualification Obtained

5. Application Procedure

- * Pay examination/screening fee of N5,000
- * Purchase membership application form with a non-refundable fee of N20,000 payable to Institute of Safety Professionals of Nigeria Account with First Bank of Nigeria Plc. Account No. **2004129222**
- * Return completed membership application form with the following:
 - a. Curriculum Vitae (CV);
 - b. Photocopies of Educational Qualifications and Trainings;
 - c. One certified passport photograph; and
 - d. Photocopy of Receipt of purchase of membership application form.

6. Declaration By Applicant

I,hereby declare that the information on this form is correct and I agree to abide by the rules and regulations of the Institute if my application is successful. I enclose here with the necessary documents.

Applicant's Signature

Date

PART 2

Sponsor

I recommend the above named applicant for registration as a member of the Institute of Safety Professionals of Nigeria. In my opinion, the applicant is a fit and proper person for admission into the Institute.

Signature:

Name:

Official Position:

N.B. The sponsor should be the Director/Department Head/Manager of the applicant's Company or other organization. The signature should be authenticated with an official stamp.

Referee (Only MISPN/FISPN accepted)

Name:

Membership Grade:

ISPON Membership Number:

Signature: Date:

NOTE: Completed application forms should be returned to the Registrar through the branch of purchase of the membership form.

Applicants seeking exemption from membership examination must:

- * Have 10 years of professional experience in safety practice;
- * Pay exemption fee at the prevailing rate; (N50,000.00 FOR NOW)
- * Submit a bound project on the relevant topic;
- * Defend the project at a screening interview;
- * Take part in a swearing/induction ceremony.

Membership Grades

* Fellow (Professional)

* Honorary fellow

* Member

* Associate

* Graduate

* Student

FOR OFFICIAL USE ONLY

Date received:

Fee Paid:

Receipt No.

Exempted from Exams: YES | | NO |

Application Approved or Rejected:

Approved | Rejected |

Approved or Rejected by:

Name:

Signature: Date: