

PSA

MEMBERSHIP

APPLICATION FORM





INTERNATIONAL PROTECTIVE & SECURITY ACADEMY ASSOCIATION

Application Form for Membership

Membership ID (Office Use Only)			
Title	Forename(s) in Full:		Surname:
Previous Surname/Family Name	Date of Birth:	Place of Birth:	Marital Status

Permanent Home Address Postcode: Tel./fax. : Mob: Email : Website:	Correspondence Address (if Different) Postcode: Tel./fax. : Mob: Email : Website:
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Languages:		Level:
		Level:

Choosing of Membership type	
Student (£ 50 per year + One off registration fee £ 25)	☐
Individual (£ 100 per year + One off registration fee £ 50)	☐
Supporting Individual (£ 50 per year + One off registration fee £ 25)	☐
Corporate (£ 500 per year + One off registration fee £ 250)*	☐
*(Supporting Corporate Member is entitled to register 10 people.)	
Associate Associated Membership is open for other organisations based on bilateral agreements.	

Professional experience			
Industry sector:			
Not Applicable	☐	Security Consultancy	☐
Security study	☐	Close Protection	☐
Training industry	☐	Investigation	☐
		Private Security Industry	☐
		Law Enforcement/Police	☐
		Military/Government	☐



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Educational Institute or Training Company (**Student Member Use Only**)

Name of Current Educational Institute

Country: _____

Website: www. _____

E-mail: _____

Faculty: _____

Specialization: _____

Year of graduation: _____

Name of Training Organisation/Company

Country: _____

Website: www. _____

E-mail: _____

Faculty: _____

Specialization: _____

Year of graduation: _____

Note: The students of Security and Safety Science should enclose a photocopy of their international or national student card and verification from your Educational Institute, College, University, Academy or Training Company

Work experience

Name of Current Educational Institute

Employer: _____

Website: www. _____

E-mail: _____

Work phone No: _____

Job title : _____ or

Position: _____

Your Duties: _____

Security licence number: _____

When did you start your present employment:

_____, _____, _____

Abilities: _____

Have you been convicted or been the subject of enquiries involving any criminal offence or had any order including bankruptcy, made against you in any criminal, civil or military court or by any public authority?

YES

☐

NO

☐

If you answer yes, please provide full details on a separate sheet which will be treated in confidence. Note that under the Rehabilitation of Offenders Act 1974 you are not obliged to reveal a spent conviction.

I agree to my details, as specified below, being listed by the Association in IPSA publications, such as the directory of members "the Red Book", and publicly available listings including on the internet.

Indicate how your entry should appear:

☐

Name, employment details & e-mail

☐

Name only

☐

Name & employment details

☐

Unlisted



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Reference

Please provide details of minimum one person who have known you for at least 3 years who we can approach for personal references:

Personal reference 1

Name: _____

Address: _____

Postcode: _____

Tel./fax. : _____

Mob: _____

Email : _____

Website: _____

Personal reference 2

Name: _____

Address: _____

Postcode: _____

Tel./fax. : _____

Mob: _____

Email : _____

Website: _____

SUBSCRIPTION FEES

Please enclose payment for the joining fee and annual subscription with your application form – current prices are see on first number page.

I authorise IPSA to debit my card the following amount: £ _____

Card number: _____ Start date: _____ Expiry date: _____

Name on card: _____ Issue No.: _____

C V V (Security) No.: _____

Signature: _____

Alternatively you can payments can be made to the Association by the following methods:

- ⇒ Credit / debit card
- ⇒ BACS payment
- ⇒ A sterling draft - drawn on a bank in the United Kingdom
- ⇒ International Money Transfer (Western Union)

Note: Currencies other than Pounds Sterling (GBP) cannot be accepted owing to the bank charges incurred.



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Declaration:- I hereby certify:-

- ⇒ That to the best of my knowledge, the information I have provided on this application form, is complete and correct and understand that misrepresentation of any of the facts I have now given, or my failure to disclose a relevant matter, may be deemed grounds for terminating this application for student or individual membership. I understand that in the event of my application being unsuccessful, the joining fee is not refundable.
- ⇒ I authorise PSA to contact the referees nominated on this form.
- ⇒ I agree to be bound by the Associations Constitution and Rules and accept the PSA Ethical Code of Conduct (available at www.psa-academy.org) as part of those rules.
- ⇒ I understand that the personal data I have provided will now be processed and then retained in the manner prescribed.
- ⇒ I hereby apply to become an individual member of the International membership department of PSA and I enclose the appropriate fee, along with a passport size photograph. I undertake to pay all future subscriptions in accordance with the Association's rules and I understand that if I choose to relinquish membership part way through a membership year, fees are not refundable.

PLEASE NOTE: THE USE OF THE IPSA LOGO IS NOT PERMITTED BY STUDENT MEMBERS JUST FOR THE INDIVIDUAL MEMBERS

Signature

Date:

D	D	M	M	Y	Y	Y	Y
				2	0		

The information requested on this form together with any other information you have provide in support of this application, may be used to process your membership. PSA membership status is conditional upon satisfactory security screening as determined from time to time by the PSA. All documents provided with this form, will be retained and held thereafter, in your personal file. Should your application be unsuccessful, all documentation relating to this application will be destroyed 12 months from the date entered on this form. It is PSA policy to destroy personal records 5 years after membership ceases. The International Council has the right to refuse or defer any application without assigning any reason.

Membership application check list

- | | |
|---|---|
| ☐ Full filled application form | ☐ Copy of Passport or ID card |
| ☐ CV | ☐ Passport picture |
| ☐ Copy of cert. of your qualifications | ☐ copy of international or national student card |
| ☐ Proof of address | ☐ verification from your Educational Institute |
| ☐ payment for the joining fee | |

If you've got all things from list, then please send back us by email to this membership@psa-academy.org.



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CODE OF ETHICS

This Ethical Code Of Conduct is prescribed for all prospective members of whatever category of PSA to must take note of the following rules in your work and life in future:

- ⇒ As a member of the PSA Association, I realise that it is my responsibility to respect myself and other men or women who work/serve in the security industry in the private or law enforcement and government sector.
- ⇒ You will always exhibit the highest level of integrity in the performance your professional duties and you will do your best to see that your responsibilities are carried out with professional competence.
- ⇒ You will not engage in any unethical or illegal conduct, or in any activity that could jeopardise your responsibilities and to bring discredit upon the PSA Association.
- ⇒ You will always keep an open mind; and commit yourself to the pursuit of knowledge and information for the purpose of personal audit and updating by discovering more efficient and effective methods and systems.
- ⇒ You will always be honest when dealing with your principals, fellow PSA. members, security professionals, business associates and all others.
- ⇒ You realise that a great deal of trust and responsibility has been given to you and you know that you must dedicate yourself in the furtherance of the security profession and those whom you are sworn to protect.
- ⇒ You will always keep in mind that you are a member of a international organisation and You will not hold any animosity towards another PSA member based solely on ethnic origin, gender, politics or religious persuasion.
- ⇒ You will not misrepresent yourself as other than you are, nor will you lie about your experience and abilities.

I declare, that I fully understand and agree described above rules and responsibility what I will authenticate with my signature.

Breaking these rules of exclusion from membership may apply!

Signature

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Date:

D	D	M	M	Y	Y	Y	Y
				2	0		