



THE  
institute  
VAL<sup>of</sup>UE  
management

# **IVM Fellowship Application Form**

**Route 2  
Experience**

Before submitting your application, please note the following:

- Your CPD record must, from 1<sup>st</sup> January 2016 onwards, be up-to-date, this will be checked by IVM.
- If you have outstanding subscription and/or conduct issues on your record, your application cannot be processed.
- If your application is successful, you will pay a higher annual subscription.

Email your completed application to [Secretary@ivm.org.uk](mailto:Secretary@ivm.org.uk)

### **Application fee**

The application fee is GBP £25.00.

### **How to pay**

You can pay by one of the following methods. Please indicate your chosen method.

Cheque, made payable to IVM

Bank transfer (BACS)

BACS details:

Bank:	<b>LLOYDS TSB plc</b>
Account Name:	<b>Institute of Value Management</b>
Account Number:	<b>00374070</b>
Sort Code:	<b>30-94-38</b>
IBAN No:	<b>GB41LOYD30943800374070</b>
BIC:	<b>LOYDGB21042</b>

Following election to Fellowship, you will be required to pay the fellowship subscription fee. In your first year this will be the difference between any membership subscription you have paid and the fellowship subscription fee.

Please ensure, if you are already a member of the IVM, you quote your IVM membership number and full name as reference on payment.

## Personal Details

<b>IVM Membership Number</b>	
<b>Name:</b>	
<b>Home address:</b>	
<b>Email:</b>	
<b>Tel:</b>	
<b>Mobile:</b>	
<b>Company:</b>	
<b>Date of Birth:</b>	

## Personal Statement on current role, practices and ambitions

Maximum 500 words

## Curriculum Vitae or Resume

Start with the most recent and include all relevant roles demonstrating your Value Management related experience.

Employer	Position/Job Title	Date from	Date to
<b>Overview of Scope and Responsibilities:</b>			
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## Academic Qualifications (Please provide copies)

Subject	Qualification	Date achieved

## Professional Body Membership(s) (Please provide copies)

Professional Body	Grade	Date achieved

## Significant Experience or Contribution to VM

### Evidence Statement 1

Written Statement (Maximum 500 words):

Description of Third Party Evidence:

## Significant Experience or Contribution to VM

### Evidence Statement 2

Written Statement (Maximum 500 words):

Description of Third Party Evidence:

## Significant Experience or Contribution to VM

### Evidence Statement 3

Written Statement (Maximum 500 words):

Description of Third Party Evidence:

## Significant Experience or Contribution to VM

### Evidence Statement 4

Written Statement (Maximum 500 words):

Description of Third Party Evidence:

<h2>Referee</h2> <p>Must be MIVM, FIVM or hold a professional qualification. Your Referee may be contacted.</p>	
<b>Name:</b>	
<b>Professional Qualification &amp; IVM Membership Number (if applicable)</b>	
<b>Employer &amp; your Contact Number</b>	
To the best of my knowledge, I confirm that the information provided by the Applicant within this application is correct.	
<b>Signature</b>	
<b>Date</b>	

<h2>Fellowship (FIVM) Membership Card Name</h2> <p>If your application is successful, you will receive a Fellowship (FIVM) Card. Please indicate how you would like your name to appear on your FIVM Card.</p>	
<b>Title (If applicable)</b>	
<b>First Name</b>	
<b>Middle Names(s)</b>	
<b>Last Name</b>	

<h2>Declaration</h2> <p>I have read the Fellowship Applicant Guide and I confirm that all of the information on this application is correct to the best of my knowledge. I agree to abide by the decision of the IVM and accept the application fee will not be returned if my application is unsuccessful. I also understand that the award of a Fellowship (FIVM) will only be valid as long as I pay the annual subscription fee and maintain a CPD log.</p> <p>I hereby confirm that I accept the terms and conditions of the IVM and agree to abide by the Professional Code of Conduct.</p>	
<b>Signature</b>	
<b>Date</b>	