



# The Institute of Risk Management

*Our Strength. Your Opportunity*

Hurlingham Park Suite C1, Argwings Kodhek Road, P.O Box 79084 – 00400 Nairobi Kenya, Tel : (0) 20 2632180,  
0706 616581, 0736 638493, E-Mail: [info@irmke.org](mailto:info@irmke.org): [www.irmke.org](http://www.irmke.org)

## APPLICATION FOR IRM MEMBERSHIP

### Note for applicants

Applicants should complete all questions in block letters.

I. PERSONAL DATA				
Surname (Prof. Dr. Mr. Mrs. Ms.)		Other Names:		
Preferred Postal Address;		Physical Office Address:		
Mobile number		Office Telephone No.		
Personal E-mail		Office Mail Address		
II EDUCATION AND TRAINING				
(Starting with your highest qualification, give full details of your education and training) ATTACH COPIES OF YOUR ACADEMIC AND RISK MANAGEMENT PROFESSIONAL CERTIFICATES, CURRENT CV AND COPY OF ID/PP.				
From	To	Institution (Name & Location)	Certificates/Degrees Earned	Main Field of Study
III EMPLOYMENT HISTORY				
(Starting with your most recent employment, give the following information about positions you have held during the past Years.) ATTACH RECOMMENDATION LETTER FROM THE CURRENT EMPLOYER				
From	To	Name of Employer	Address of Employer	Position Held

#### IV EVIDENCE OF RISK MANAGEMENT COMPETENCES

Clearly indicate your contribution in the following core critical competences of risk management practice

1. Risk Management Framework Design and Development

2. Establishing Risk Management Context

3. Identifying Risks

4. Analyzing Risks

5. Evaluating Risks

6. Managing Risks

7. Reporting Risks

8. Other Areas

**V. REFEREES**

Please give the names and address of TWO persons, not relatives, to act as your referees for providing information about you. The referees must be able to support this application by actual knowledge of your responsibilities, ability and general character.

**FIRST REFEREE: YOUR IMMEDIATE SUPERIOR**

Name:  
Company:  
Position:  
Postal Address:

**SECOND REFEREE: PROFESSIONAL REFEREE** *(Preferably a member of the Institute of Risk Management)*

Name:  
Company:  
Position:  
Postal Address:

**DECLARATION BY APPLICANT**

I declare that the statements made herein are correct to the best of my knowledge and belief and I agree to be bound by the Institute of Risk Management rules and regulations, Code of Professional Conduct and Ethics, as they currently exist and as they may hereafter be altered.

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**SIGNATURE**

**DATE**

**ID/Passport (Attach Copy)**

**For Official Use Only**

Membership Enrolment Checklist

S/N	Requirement	Yes	No	Remarks
1	Application Form			
2	CV			
3	Recommendation Letter			
4	Academic Certificate			
5	Copies of Professional Certificate			
6	Copy of National ID/PP			

**Approval by the Registration Committee**

Approved/ Note Approved

Remarks:

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**Sign: (Chair, Registration Committee)**

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**Date:**