Application for full membership

**The full membership process is as follows:**

**New or returning members**

* Please send your completed application form and any supporting documents to [membership@cipp.org.uk](mailto:membership@cipp.org.uk)
* The membership team will spot check your application to ensure all information meets the full criteria
* You will be sent an invoice for the **£35** assessment fee – once this is paid your application will be assessed
* If your application is successful, you will be required to pay the full membership rate of **£195\***

**Existing paid members**

* Please send your application form and any supporting documents to [membership@cipp.org.uk](mailto:membership@cipp.org.uk)
* The membership team will spot check your application to ensure all information meets the full criteria
* You will be sent an invoice for the **£35** assessment fee – once this is paid your application will be assessed
* If your application is successful, you will be awarded full member status and at your next renewal you will be required to pay the full membership rate of £195\*

\*Membership prices are reviewed annually and are subject to change. Not subject to VAT.

Prior to completing this form, please ensure you meet **two out of three** of the following criteria:

* Spend 50% or more of your time in payroll, pension or reward
* Have held a managerial position for the last three years in payroll, pensions or reward (this includes managing staff and payroll projects)
* Have achieved a level 5 (Foundation Degree/Diploma) in payroll, pensions or reward.

**Please note –**

For the CIPP to process your application, please complete all sections accurately and in-depth. We reserve the right to ask for evidence in the form of copies of certificates, external memberships etc.

## PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION FORM

**Section 1. Personal details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Membership number**  **(if known)** | | Click or tap here to enter text. | **Honors** | Click to edit |
| **Forename/s** | Click to edit | | | |
| **Surname/s** | Click to edit | | | |

**Invoice address**

|  |  |
| --- | --- |
| **Company name (if applicable)** | Click to edit |
| **Address 1** | Click to edit |
| **Address 2** | Click to edit |
| **Town/city** | Click to edit |
| **County** | Click to edit |
| **Postcode** | Click to edit |

**Contact details**

|  |  |
| --- | --- |
| **Mobile number** | Click to edit |
| **Email address** | Click to edit |

**Section 2. Academic history**

|  |  |  |
| --- | --- | --- |
| **Subjects** | **Date** | **Level/grade obtained** |
| Click to edit | Click to edit | Click to edit |
| Click to edit | Click to edit | Click to edit |
| Click to edit | Click to edit | Click to edit |
| Click to edit | Click to edit | Click to edit |

|  |  |
| --- | --- |
| **Name** | Click to edit |
| **Address** | Click to edit |
| **Position** | Click to edit |
| **Appointment date** | Click to edit |
| **Description of duties and responsibilities in position** | Click to edit |

**Section 3. Current employment**

**Section 4. Professional qualifications/membership of other bodies**

|  |  |  |
| --- | --- | --- |
| **Qualification/membership** | **Start date** | **End date** |
| Click to edit | Click to edit | Click to edit |
| Click to edit | Click to edit | Click to edit |

**Section 5. About your payroll management experience**

|  |  |
| --- | --- |
| **Total number of staff supervised by applicant** | Click to edit |
| **Total number of staff engaged in the pay office** | Click to editClick to edit |
| **Number of payroll projects currently managed by applicant** | Click to edit |

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**Section 6. Personal statement**

Please supply a personal statement of 200-300 words in support of your application. Please expand on managerial experience, whether this be management of payroll projects, payroll operations or managing staff.

|  |
| --- |
| Click to edit |

**Section 7. Self-declaration**

|  |
| --- |
| **Agreement to abide by the CIPP code of conduct**  You must tick the box below if you wish to proceed with your application.  By ticking this box, you understand that you are agreeing that as a CIPP member you will abide by the CIPP Code of Conduct available at <https://www.cipp.org.uk/about-us/code-of-conduct.html> |

By entering your name in the box below you are confirming that the information provided is, to the best of my knowledge, correct and that you have read and agree to the CIPP privacy policy found at <https://www.cipp.org.uk/about-us/privacy-policy.html>.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** | Click to edit | **Date** | Click to edit |

**Section 8. Organisational chart**

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# Please provide an organisational chart of your current company structure, identifying your position in the company including two roles below and two roles superior. (this can be supplied as a supporting document).

**Section 9. Certification (to be signed by a senior member of staff as identified on organisational chart)**

# I confirm that the details provided in sections 1-8 are correct and support this application for full membership of the Chartered Institute of Payroll Professionals. Not applicable for sole traders.

|  |  |
| --- | --- |
| **Name** | Click to edit |
| **Signed** | Click to edit |
| **Position** | Click to edit |

**.**