



## Annual Inspector Inflatable Membership and Examination Application Form

Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_

Name as you would like it to appear on your RPII Badge: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_

\_\_\_\_\_ Fax No: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Postcode: \_\_\_\_\_ Mobile: \_\_\_\_\_

**NB** If a company name is given, it will appear on your Badge. Where you act for a company and as an individual, a second badge will be issued for an administration fee of £25.

Name and details to be included on second RPII badge \_\_\_\_\_

### Contact Details (these will be entered on the publicly available Register)

Address: \_\_\_\_\_ Tel. No: \_\_\_\_\_

\_\_\_\_\_ Fax No: \_\_\_\_\_

\_\_\_\_\_ E-Mail: \_\_\_\_\_

Postcode: \_\_\_\_\_ Mobile \_\_\_\_\_

### Home Details (these will not be made public but may be used by RPII to contact you).

Address: \_\_\_\_\_ Tel. No: \_\_\_\_\_

\_\_\_\_\_ Fax No: \_\_\_\_\_

\_\_\_\_\_ E-Mail: \_\_\_\_\_

Postcode: \_\_\_\_\_ Mobile \_\_\_\_\_

Preferred Examination Date: \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year

RPII will make every effort to meet your preferred date of examination, but this cannot be guaranteed.

Applications for examinations must be made at least seven days before the preferred date of examination.

**Membership Subscriptions:**

Period of membership applied for	Annual Fee: £	Please tick box
1st January - 31st December	100	<input type="checkbox"/>
1st April - 31st December	75	<input type="checkbox"/>
1st July - 31st December	50	<input type="checkbox"/>
1st October - 31st December	25	<input type="checkbox"/>

**NB:** Annual membership fees are renewable on 1st January each year. Anyone who is removed from the Register by RPII will not receive a refund of fees paid. If membership fees remain unpaid for one month after due date, membership details will be removed from the Register.

**I enclose the following:**

Examination fee	£ 495
Membership subscription	.....
Second badge fee	.....
Total	<u>£</u>

**NB** cheques should be crossed and made payable to the Register of Play Inspectors International Ltd

Copy of Certificate(s) of Professional Indemnity and Public Liability Insurances should be provided by “Independent or Self-Employed Inspectors”. Alternatively copies of these documents should be provided by your employer and certified as current and in force by a Director, Partner or Principal.

Two passport sized photographs (three if a second badge is required), one to be attached to the front page of the form as indicated.

I confirm that I meet the criteria for membership of the Register of Play Inspectors International and agree to abide by the related Code of Ethics.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return to: Register of Play Inspectors International Ltd,  
1b Bagshaw Close, Ryton on Dunsmore, Warwickshire, CV8 3EX.  
Tel: 024 76 693787  
E-Mail: [rpil@playinspectors.com](mailto:rpil@playinspectors.com) Web: [www.playinspectors.com](http://www.playinspectors.com)**

**HSE Endorsed**

