

# Annual Inflatable Inspector Application Form



## 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): \_\_\_\_\_

**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: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone \_\_\_\_\_

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

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone \_\_\_\_\_

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

**Preferred Exam 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 28 days before the preferred date of examination.



## Membership Subscriptions:

Period of membership applied for Annual Fee: Please tick

1st January - 31st December	£150	<input type="checkbox"/>
1st April -31st December	£115	<input type="checkbox"/>
1st July -31st December	£75	<input type="checkbox"/>
1st October -31st December	£38	<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 (£25)	£ _____
Total	£ _____

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

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.

One passport sized photograph to be attached to the front page of the form as indicated. If sending in digital format, please supply a head and shoulders shot as a jpeg.

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: [rpii@playinspectors.com](mailto:rpii@playinspectors.com)**

**Web: [www.playinspectors.com](http://www.playinspectors.com)**

**HSE Endorsed**

