

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.



If you would like to know how we collect, process and store your data, please see our Privacy Notice at <https://www.playinspectors.com/privacy-policy-2/>

Membership Subscriptions:

Period of membership applied for Annual Fee: Please tick

1st January - 31st December	£125	<input type="checkbox"/>
1st April -31st December	£95	<input type="checkbox"/>
1st July -31st December	£65	<input type="checkbox"/>
1st October -31st December	£45	<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	£ 695
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
Web: www.playinspectors.com**

HSE Endorsed



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