

Application to become a trainer for

IIRSM Managing Risk – The Essentials



Please email the completed forms and documents to **support@iirsm.org**

Managing Risk- The Essentials is a risk management course, so if your qualifications or experience are in a specialist area such as health and safety, you will need broader risk management experience to be able to deliver this course. The following is required as a minimum.

At least an Associate member of IIRSM, PLUS:

TECHNICAL KNOWLEDGE/ EXPERIENCE

An organisational risk management qualification (e.g. the IIRSM NEBOSH Certificate in Managing Risk) at least at Level 3*
OR

A risk related qualification (e.g. health and safety, environment, business continuity) at least at Level 3 *plus statements of professional competence

demonstrating your understanding and experience of risk management.
OR

Minimum of 5 years' risk management, risk related or leadership experience, plus statements of professional competence demonstrating your understanding and experience of risk management.
AND

TRAINING KNOWLEDGE/ EXPERIENCE
A training qualification at Level 3* plus 2 years' substantial training experience
OR

At least three years' substantial training experience
AND

PROFESSIONAL DEVELOPMENT

Commitment to professional development, including ensuring technical knowledge, world affairs, legislation and best practice understanding are continually evolving.

*on the Qualification Framework of England and Wales or equivalent

An up-to-date CV and qualification certificates must be provided. Any information provided to support a trainer application will be verified, so by providing this information trainers are consenting to IIRSM contacting appropriate third parties.

CHECKLIST

To help us review your application and approve you becoming a trainer, please ensure you include the following:

Completed and signed application form.

Relevant certificates attached.

Up to date CV attached.

SECTION 1: TRAINER CONTACT DETAILS

First name:

Training Provider address:

Surname:

*Training Provider name:

Postcode:

Country:

**IIRSM membership Yes No

Phone:

Email:

Membership no.

*This is the organisation you'll be delivering training on behalf of

** **PLEASE NOTE** you will be required to become an Associate member before your application can be approved. You can apply for membership [here](#)

SECTION 2: QUALIFICATIONS AND EXPERIENCE

If you need to provide more information, please add to a separate word document and clearly save it with your name.

ORGANISATIONAL RISK MANAGEMENT QUALIFICATIONS

Qualification title	Awarding organisation	Date(s) completed
---------------------	-----------------------	-------------------

RISK RELATED QUALIFICATIONS

Qualification title	Awarding organisation	Date(s) completed
---------------------	-----------------------	-------------------

RISK/ LEADERSHIP EXPERIENCE

Qualification title	Awarding organisation	Date(s) completed
---------------------	-----------------------	-------------------

TRAINING QUALIFICATIONS

Job title and responsibilities	Organisation	From	To
--------------------------------	--------------	------	----

CLASSROOM AND VIRTUAL TRAINING EXPERIENCE

Job title and responsibilities	Organisation	From	To	Frequency
--------------------------------	--------------	------	----	-----------

SECTION 3: COMPETENCY STATEMENTS

If you are applying on the basis of a risk related qualification (e.g. health and safety, environment, business continuity), or on the basis of experience please provide examples of how you meet 3 technical competences and 4 leadership behaviours at the **Managerial level** on the [Risk Management and Leadership Competence Framework](#). See the guidance on completing your statements of professional competence [here](#).

TECHNICAL COMPETENCES

STATEMENT 1

STATEMENT 2

STATEMENT 3

LEADERSHIP BEHAVIOUR

STATEMENT 1

STATEMENT 2

STATEMENT 3

STATEMENT 4

SECTION 4: DECLARATION AND AGREEMENT

By signing this application form you confirm that the information provided within this trainer application form and all attached documentation are true and accurate.

Name

Signature

Job title

Training Provider Organisation

Date

Please email the completed forms and documents to **support@iirsm.org**

Contact us

For any questions, please contact us
email: support@iirsm.org
phone: +44 (0)20 8741 9100



www.iirsm.org