

# Application to become a trainer for

## IIRSM Managing Risk – The Essentials



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

**A trainer application form must be completed by all trainers who wish to deliver IIRSM's Managing Risk – The Essentials course. Trainers need to be at least an Associate member of IIRSM, have a relevant qualification and/or experience and participate in CPD. The following is required as a minimum.**

An Associate member of IIRSM, PLUS.

AND

AND

**1.** A risk or related qualification at Level 3 (on the Qualification Framework of England and Wales or equivalent) or above, or a minimum of 5 years' risk management experience, or extensive leadership experience with some risk expertise and a business qualification at level 5.

**2.** A training qualification at level 3; or completed the IIRSM Train the Trainer course or have at least three years' substantial, face to face training delivery experience.

**3.** Evidence of being committed to and actively participating in CPD, including ensuring technical knowledge, world affairs, legislation and best practice understanding are continually evolving.

**This is a risk management course, so if your qualification is in a specialist area such as health & safety, you will need a broader risk management understanding to be able to deliver this course.**

**An up-to-date CV and qualification/training 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.

### RISK OR RELATED QUALIFICATIONS

Qualification title	Awarding organisation	Date(s) completed
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### BUSINESS QUALIFICATIONS

Qualification title	Awarding organisation	Date(s) completed
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### TRAINING QUALIFICATIONS

Qualification title	Awarding organisation	Date(s) completed
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### RISK/BUSINESS EXPERIENCE

Job title and responsibilities	Organisation	From	To
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### CLASSROOM AND VIRTUAL TRAINING EXPERIENCE

Job title and responsibilities	Organisation	From	To	Frequency
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## SECTION 3: 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 **training@iirsm.org**

## Contact us

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



[www.iirsm.org](http://www.iirsm.org)