

## IPAV Membership Application Reference (Form A)

**To be completed & signed by IPAV Members in good standing with IPAV for a period of not less than 3 years and independent of the applicant's family & business affairs and trading within the same Province as the applicant**

- Name of applicant for whom you are standing as a referee: (Block letters) \_\_\_\_\_
- Period of time the above applicant is known to you: \_\_\_\_\_
- Period of time the above applicant's business / PSP role is known to you: \_\_\_\_\_
- Include any additional information you feel would be of benefit to Council when considering this application. Please do not provide us with any personal data or sensitive personal data relating to the applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Do you consider the above applicant to be a person of honesty and integrity and who you believe will adhere to this Institute's Code of Professional Conduct:       Yes       No
- I confirm that I willingly stand as a referee for the above applicant's IPAV Membership Application:

Your Name: (Block letters) \_\_\_\_\_

Your Signature: \_\_\_\_\_

Your Company Name: Your \_\_\_\_\_

Contact telephone No: \_\_\_\_\_

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

The IPAV fully respects your right to privacy, and will not collect or publish any personal information about you without your explicit consent. Any personal information which you volunteer to IPAV will be treated with the highest standards of security and confidentiality, strictly in accordance with the Data Protection Acts, 1988-2003 and all other applicable laws.

**On completion, please return this form directly to IPAV by post or email**

**IPAV, 129 Lower Baggot Street, Dublin 2    E: info@ipav.ie    T: 00 353 1 6785685**