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Before completing this application form, please ensure that you are familiar with the 'IRATA Membership Requirements' [QP-300ENG] and that you have read the 'IRATA Bye-Laws' [QP-103ENG]. Please answer all sections of the form accurately, further details may be requested if necessary. For guidance regarding the IRATA membership application process, please refer to the 'IRATA Membership Application Guide' [GU-325ENG].

Further information can be found under the 'Membership' section of the IRATA website (www.irata.org).

1. COMPANY INFORMATION			
Name of Company			
Applicant Contact Name			
Applicant Contact Email Address			
Telephone (including country code)			
Website Address(es)			
Name of Director 1		Name of Director 5	
Name of Director 2		Name of Director 6	
Name of Director 3		Name of Director 7	
Name of Director 4		Name of Director 8	
Company Registration Number			
Company Tax Number (if applicable)			
Date of Company's Incorporation			
Does your company have any trading names?			Yes No
If 'Yes', please list them below:			
Trading Name 1			
Trading Name 2			
Trading Name 3			
2. REGISTERED OFFICE ADDRESS			
Please provide the company's registered office address.			
<i>Note: All written correspondence will be sent to this address (e.g. Head Office).</i>			
Number/Building			
Street 1			
Street 2			
Town			
City			
County/State			
Post Code/Area Code			
Country			


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3. OPERATING ADDRESS <i>(if different from the registered office address stated in section 2)</i>							
Number/Building							
Street 1							
Street 2							
Town							
City							
County/State							
Post Code/Area Code							
Country							
4. MEMBERSHIP TYPE(S)							
Please select the membership type(s) you are applying for.						Operator	Trainer
5. ROPE ACCESS ACTIVITIES							
a) Will all rope access operations and/or training activities be carried out and directly controlled by the applying company?						Yes	No
b) If 'No', please provide further details below:							
6. INDUSTRY SECTORS							
a) Which industry sector(s) does the applying company operate in? <i>(Please select all that apply)</i>							
Oil & Gas (Onshore)		Oil & Gas (Offshore)		Training		Non-Destructive Testing	
Renewable Energy		Cleaning & Painting		Pest Control		Inspection & Assessment	
Equipment Supply		Geo-technical		Construction		Maintenance & Repair	
Other <i>(please specify)</i> :							
b) Does the applying company offer or provide rope access personnel recruitment services?						Yes	No
c) If 'Yes', please provide further information below:							
d) If applying for trainer membership ONLY , does the applying company carry out any operational rope access activities other than training?						Yes	No
e) If 'Yes', please provide further information below:							


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7. EQUIPMENT STORE LOCATIONS		
Please list all rope access equipment store locations below:		
a) EQUIPMENT STORE 1		
Number/Building		
Street 1		
Street 2		
Town		
City		
County/State		
Post Code/Area Code		
Country		
b) EQUIPMENT STORE 2		
Number/Building		
Street 1		
Street 2		
Town		
City		
County/State		
Post Code/Area Code		
Country		
c) EQUIPMENT STORE 3		
Number/Building		
Street 1		
Street 2		
Town		
City		
County/State		
Post Code/Area Code		
Country		
d) Are any of these equipment stores managed or maintained by another company, e.g. third-party company?	Yes	No
e) If 'Yes', please provide further information below:		

If required, please use page [10](#) to list additional equipment stores.


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8. TRAINING VENUES <i>(trainer members applicants only)</i>		
<p>If you are NOT applying for IRATA trainer membership, please advance to question 10.</p> <p><i>Note: In accordance with section 2.2.4 of the IRATA 'Training Venue Approval Policy' [QP-314]: "Probationary members are not permitted to apply for Secondary Training Venues until successfully achieving IRATA full trainer membership."</i></p> <p><i>Note: For trainer membership there must be a training facility available that meets the standards of the 'IRATA Membership Requirements' [QP-300ENG] and is controlled by the applying company at the time of audit.</i></p>		
<p>a) Please provide the address details of the training venue that will be used for the provision of IRATA training and assessment:</p>		
Number/Building		
Street 1		
Street 2		
Town		
City		
County/State		
Post Code/Area Code		
Country		
Is this training venue shared with another company?	Yes	No
<p>If 'Yes', please provide further information below:</p>		
b) Is the IRATA training venue fully constructed and equipped in accordance with the 'IRATA Membership Requirements' [QP-300ENG]?	Yes	No
<p>c) If 'No', please provide further information below:</p>		

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9. ADDITIONAL TRAINING VENUES		
Does the applying company use any other training venues?		<div>Yes</div> <div>No</div>
If 'No', please proceed to section 10.		
If 'Yes', please list the additional training venue address(es) below:		
a) ADDITIONAL TRAINING VENUE 1		
Number/Building		
Street 1		
Street 2		
Town		
City		
County/State		
Post Code/Area Code		
Country		
Is this training venue shared with another company?		<div>Yes</div> <div>No</div>
If 'Yes', please provide further information below:		
b) ADDITIONAL TRAINING VENUE 2		
Number/Building		
Street 1		
Street 2		
Town		
City		
County/State		
Post Code/Area Code		
Country		
Is this training venue shared with another company?		<div>Yes</div> <div>No</div>
If 'Yes', please provide further information below:		

If required, please use page [11](#) to list additional training venues.


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10. GROUP OF COMPANIES	
a) Is the applying company part of a group of companies?	Yes No
<p>If 'No', please select 'No' and advance to section 11.</p> <p>If 'Yes', please select 'Yes' and complete the questions below. Please submit with this form a 'group' structure chart that clearly depicts all parent and subsidiary relationships to the applying company.</p>	
b) Do any other companies within the group structure undertake rope access operations and/or training?	Yes No
<p>If 'No', please select 'No' and advance to question 11.</p> <p>If 'Yes', please select 'Yes' and provide the details of all other companies within the group structure who undertake rope access operations and/or training below:</p>	
c) SUBSIDIARY COMPANY 1	
Company Name	
Number/Building	
Street 1	
Street 2	
Town	
City	
County/State	
Post Code/Area Code	
Country	
d) SUBSIDIARY COMPANY 2	
Company Name	
Number/Building	
Street 1	
Street 2	
Town	
City	
County/State	
Post Code/Area Code	
Country	


If required, please use page [12](#) to list additional subsidiaries.

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11. COMPANY REPRESENTATIVES							
a) Primary Contact Person <i>The nominated person within your organisation that all correspondence from IRATA will be directed to.</i>							
Primary Contact Person Name							
Primary Contact Person Email							
b) Elector <i>Requirements for the Elector are stipulated in the 'IRATA Bye-Laws' [QP-103ENG], section 6.1, (r) ii.</i>							
Elector Name							
Elector Email							
c) Technical Authority <i>Requirements for the Technical Authority are stipulated in the 'IRATA Bye-Laws' [QP-103ENG], section 6.1, (r) i.</i>							
Technical Authority Name					IRATA Number		
Technical Authority Email							
Country of Residence							
Is the nominated Technical Authority directly employed by the applying company?					Yes		No
Employed Since (DD/MM/YYYY)							
Is the Technical Authority contracted to your company exclusively, e.g. they are not permitted to provide rope access technical services to another company whilst employed with your company?					Yes		No
What is the nature of the Technical Authority's employment contract?							
Zero-hours		Temporary		Permanent		Other	
If 'Other', please provide further information below:							
How many hours is the Technical Authority contracted for per week?							
Is the Technical Authority's employment due to end in the foreseeable future?					Yes		No
If 'Yes', please provide further information below:							
<i>Note: If the Technical Authority leaves within the first year of IRATA membership, the applying company will be required to undergo a further audit.</i>							

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d) Rope Access Management (RAM) Representative <i>Requirements for the RAM Representative are stipulated in the 'IRATA Bye-Laws' [QP-103ENG], section 6.1, (r) iii.</i>							
RAM Representative Name				IRATA Number			
RAM Representative Email							
Country of Residence							
Is the nominated RAM Representative directly employed by the applying company?						Yes	No
Employed Since (DD/MM/YYYY)							
Is the RAM Representative contracted to your company exclusively, e.g. they are not permitted to provide rope access technical services to another company whilst employed with your company?						Yes	No
What is the nature of the RAM Representative's employment contract?							
Zero-hours		Temporary		Permanent		Other	
If 'Other', please provide further information below:							
How many hours is the RAM Representative contracted for per a week?							
Is the RAM Representative's employment due to end in the foreseeable future?						Yes	No
If 'Yes', please provide further information below:							
<i>Note: If the RAM Representative leaves within the first year of IRATA membership, the applying company will be required to undergo a further audit.</i>							
e) Lead Instructor/Trainer (if applicable) <i>Requirements for the Lead Instructor/Trainer are stipulated in the 'IRATA Bye-Laws' [QP-103ENG], section 6.1, (r) iv.</i>							
Lead Instructor/Trainer Name				IRATA Number			
Lead Instructor/Trainer Email							
f) Finance Contact <i>Requirements for the Finance Contact are stipulated in the IRATA Bye-Laws' [QP-103ENG], section 6.1, (r) v.</i>							
Finance Contact Name							
Finance Contact Email							

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The following section must be completed by the company's nominated Technical Authority, who must meet the criteria stipulated in section 6.1 (r) (i) of the 'IRATA Bye-Laws' [QP-103ENG].

Please answer **all** sections accurately, further details may be requested if necessary.

12. TECHNICAL AUTHORITY			
a) Personal Details			
Technical Authority Name			
b) Relevant Rope Access Qualifications and Employment History			
Please list all relevant professional qualifications/certifications that you have obtained and your employment history below:			
c) Declaration			
By signing this declaration below, I confirm that I have read and understood the requirements of the nominated Technical Authority as stipulated in the 'IRATA Bye-Laws' [QP-103ENG], section 6.1, (r) i. and consent to provide Technical Authority services for and on behalf of the company named on page one of this application.			
Name			
Signature			Date (DD/MM/YYYY)


The remaining sections of this application form must be completed by the applying company.

13. REQUIRED SUPPORTING DOCUMENTS			
Please tick that you have supplied the following supporting documents along with your completed application form:			
Organisational Chart		Certificate Of Incorporation	
		Group Structure Chart (if applicable)	
14. DECLARATION			
We acknowledge that IRATA reserve the right to request further information from the applicant prior to certifying the applicant for membership. We further acknowledge that the processing of our membership application will not commence until the membership application fee, currently £5,500.00 GBP (+VAT where applicable) has been paid to and received by IRATA. Notwithstanding the granting of membership certification, or otherwise on reasonable grounds, the membership application fee is non-refundable and non-transferrable.			
ADDITIONAL COSTS			
All additional reasonable costs to process your membership application will be notified to, and subsequently payable by, the applicant.			
By signing this declaration below, I confirm that I am authorised to act on behalf of the applicant and the information provided herein is complete and factually correct to the best of my knowledge.			
Applicant Name			
Applicant Position			
Applicant Signature			Date (DD/MM/YYYY)

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Please use this page if you need to list additional equipment stores.

EQUIPMENT STORE	
Number/Building	
Street 1	
Street 2	
Town	
City	
County/State	
Post Code/Area Code	
Country	
EQUIPMENT STORE	
Number/Building	
Street 1	
Street 2	
Town	
City	
County/State	
Post Code/Area Code	
Country	
EQUIPMENT STORE	
Number/Building	
Street 1	
Street 2	
Town	
City	
County/State	
Post Code/Area Code	
Country	

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Please use this page if you need to list additional training venues.

TRAINING VENUE		
Number/Building		
Street 1		
Street 2		
Town		
City		
County/State		
Post Code/Area Code		
Country		
Is this training venue shared with another company?		<div>Yes</div> <div>No</div>
If 'Yes', please provide further information below:		

TRAINING VENUE		
Number/Building		
Street 1		
Street 2		
Town		
City		
County/State		
Post Code/Area Code		
Country		
Is this training venue shared with another company?		<div>Yes</div> <div>No</div>
If 'Yes', please provide further information below:		

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Please use this page if you need to list additional subsidiary companies.

SUBSIDIARY COMPANY	
Company Name	
Number/Building	
Street 1	
Street 2	
Town	
City	
County/State	
Post Code/Area Code	
Country	
SUBSIDIARY COMPANY	
Company Name	
Number/Building	
Street 1	
Street 2	
Town	
City	
County/State	
Post Code/Area Code	
Country	
SUBSIDIARY COMPANY	
Company Name	
Number/Building	
Street 1	
Street 2	
Town	
City	
County/State	
Post Code/Area Code	
Country	