



## Independent Forensic Practitioners' Institute Inc Membership Application

Applicants should be working as an independent forensic practitioner, have worked in the past as a forensic practitioner or be undertaking study in forensic science at a post-graduate level.

Failure to complete or supply information required in this form will result in delays to applications and may affect the outcome.

**Application for: (please tick one)**

**Full membership**

*active or previously active independent practitioner*

**Associate membership** (no voting rights)

*studying in an area of forensic science but not currently practising a forensic occupation, profession, or technique, or been practising for less than two years*

**Section 1 – Current Details**

<b>Title</b>		<b>Full name</b>	
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<b>Current Occupation and Employer</b>	
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**Tick the relevant category(ies) that apply:**

Category	Sub-Category	Currently Practising	Prior Experience	Qualifications and Training	Relevant Publications
Accountancy	As per main category	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building Forensics	As per main category	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Document Examination	As per main category	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engineering/ Transportation	Air Incident Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Forensic Engineering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Vehicle Crash Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Category	Sub-Category	Currently Practising	Prior Experience	Qualifications and Training	Relevant Publications
Medicine	Forensic Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Investigation	As per main category	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	Computer and Digital Forensics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DNA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fingerprint Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fire Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Forensic Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Forensic Psychology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Video and Audio Forensics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please provide details)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Postal address**

<b>Phone (work)</b>		<b>Phone (home)</b>	
<b>Mobile</b>		<b>Fax</b>	
<b>Email</b>		<b>Website</b>	

**Section 2: Qualifications, training and experience**

For the Executive Committee and Membership Subcommittee to be able to assess your application, please prepare a letter, addressed to The Membership Subcommittee, that includes the following information under the following headings:

**Qualifications and Training**

To include degree title(s), awarding institution(s), date(s) conferred and pass mark(s)

To include all relevant professional training

**Experience**

To include number of years' experience in each area in which you are asserting expertise

To include names and addresses of previous employers and job titles

To include the number of expert reports you have prepared in the last 5 years (or the last 20 cases, whichever is the lesser), the purposes of those reports (e.g. criminal, civil, insurance, private) and whether or not you were required to give evidence. [N.B. having given evidence is not a condition of membership]

**NB:** Anonymous copies of reports may be requested by the Executive Committee.

**Relevant publications**

To include author(s), date of publication, title of article, title of publication, whether or not peer-reviewed

**Any other relevant information**

**Section 3: Referees and Nominee**

Enter the names and contact details of two appropriate referees, being persons of good standing who are able to verify your qualifications and/or expertise in writing.

	1 <sup>st</sup> referee	2 <sup>nd</sup> referee
<b>Name</b>		
<b>Occupation</b>		
<b>Relationship to applicant</b>		
<b>Email address (required)</b>		
<b>Telephone number (s)</b>		

**Nominee**

Indicate the name of the IFPI nominee who will be supporting your application. The name of the nominee will be advised to the general membership at the time of your application notification. Please ensure you advise your nominee accordingly.

Name of Nominee: \_\_\_\_\_

## Section 4: Declaration

It is your responsibility to draw to the attention of the Institute any affiliations, past associations or actions that might be prejudicial to the Institute.

**Please declare below any possible conflicts of interest, including criminal convictions, bankruptcy, or charges pending. If none, mark "None":**

### Declaration:

- 1. All of the information I have provided in this application is true, to the best of my knowledge and belief.*
- 2. I acknowledge that I am fully independent and not precluded from undertaking work for a particular side in a case.*
- 3. I agree to abide to the Constitution of the Independent Forensic Practitioners' Institute (IFPI) and the New Zealand High Court Code of Conduct for Expert Witnesses.*
- 4. I understand it is my responsibility to advise the President of IFPI of any issue that may affect my membership of the Institute. I will immediately notify the President, in writing, of any material changes in the information I have provided. This includes information about professional conduct or performance, criminal convictions (other than motoring offences that did not result in disqualification) or any formal complaints about my performance as an expert.*
- 5. I understand that IFPI may receive information, adverse or otherwise, about my fitness to practice and I consent to IFPI distributing amongst members of the Executive Committee such information for reasonable purposes as it may determine.*
- 6. I understand that the letter I prepare in relation to Section 2 above will be circulated to the members of IFPI for their consideration and comment. Comments from members are to be provided to the Membership Subcommittee Convenor directly (as per Rule 6.4).*

Signature		Date:	
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**Declaration:** *I have knowledge of and support the Objectives of the Institute.*

Signature		Date:	
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**Send your signed application to:**

Attention of the Secretary of IFPI Inc  
c/o PO Box 17-317 Greenlane Auckland 1546 New Zealand

Telephone 021 023 58982 for enquiries

**Application Process**

Once your application is received, it will be discussed by the Executive Committee at the next meeting following which referees' reports may be requested.

As per point 6 of the Declaration above, the letter you prepare under Section 2 will be circulated to the members of IFPI for their consideration. Your contact details will not be circulated to the members. Your application form will only be circulated to the Executive Committee.

You will be notified of the outcome of your application. The Executive Committee decision is final and no further correspondence may be entered into.

Should your application be approved, you will be invoiced for your membership fee.

Unless otherwise directed, work contact details of members, including email addresses, are published on the Institute's website ([www.ifpi.org.nz](http://www.ifpi.org.nz)).