



Membership Application Form

Membership Overview

The TSCM Institute offers a membership scheme for a wide range of individuals who may have varying levels of skill in TSCM and varying interests in TSCM. Application for membership of the TSCMi can be made by completing this form and emailing it to info@tscmi.org

All TSCMi membership applications will be reviewed by the TSCMi membership committee who have sole discretion over who is awarded membership and at what level it is awarded.

The TSCM Institute offers the following categories of Membership:

Full Member

Full Member status is offered to currently active TSCM practitioners with a minimum of five years or more “hands on” experience at a full technical TSCM level.

Associate Member

Associate Member status is offered to TSCM practitioners with less than five years’ experience, those involved in managing TSCM or non-practitioner individuals with an interest in TSCM as either security service providers, security managers or consumers of TSCM services.

Affiliate Member

Affiliate Member status is offered to full-time academics, government representatives, retired practitioners and practitioners from low-income countries.
Full time students will be offered a reduced subscription.

Student Member

Student Member status is offered to TSCM engineer apprentices or those studying to become a TSCM engineer.

Retired Full Member

Retired Full Member status is offered to retired TSCM practitioners with a previous minimum of five years or more “hands on” experience at a full technical TSCM level.

Membership Fees

Joining Fee

This is a “One Off” fee to cover the administration to establish membership.
It is non-refundable and is only payable on the first year of joining the TSCMi and is payable in addition to the membership fee.

Membership Fees

The following table presents the fees for the different levels of membership:

| Membership category | Fee per year |
|--|--------------|
| Full member | £ 200.00 |
| Associate member | £ 150.00 |
| Affiliate member | £ 100.00 |
| Student member | £ 25.00 |
| Retired full member | £ 25.00 |
| Initial joining fee (only due in first year) | £ 100.00 |

Membership Application Form Submission Instructions

Filling-in The Application Form

When you fill in the application form please provide as much information and detail as you can. This will help the membership committee greatly with the evaluation of your application. If you know how to operate specific pieces of TSCM equipment this would be useful to add as well as your level of knowledge. Please always be completely honest in the answers you give and in the information which you provide. Applications will be fully checked and if in any doubt the TSCMi will investigate to ensure that the information provided is accurate.

The applicant may also be requested to have a telephone interview to clarify information on the application or to provide further information relating to the application.

The completed membership application form should be scanned to pdf and emailed to: info@tscmi.org

The received application form will be reviewed by the TSCMi membership committee who have sole discretion over who is awarded membership and at what level it is awarded. The membership committee may contact the applicant and or their references to ask further questions prior to a decision on membership being made.

Once a decision on membership has been made it will be emailed to the applicant by the TSCMi and if membership is being offered the applicant will be asked to confirm if they wish to take the offered membership. If the applicant wishes to proceed they will be emailed an invoice for their membership fee and one-off initial joining fee and once this has been paid membership will start.

If you have any questions relating to membership prior to application, please email info@tscmi.org and a member of the TSCMi will contact you back to assist.

Application Form

Personal Details

Please complete the following in full and in capitals:

| | | | |
|---|--|---------------|--|
| Full name: | | Title: | |
| Date of birth: | | | |
| Telephone: | | | |
| Mobile: | | | |
| Email: | | | |
| Address: | | | |
| Organisation: | | | |
| Name and address of person or organisation to be invoiced for membership fees: | | | |

Government / Military / Police TSCM Experience

Please supply details, as far as possible, of your experience including dates:

| |
|--|
| |
|--|

Private Sector TSCM Experience

Please supply details, as far as possible, of your experience giving dates:

Training and Qualifications

Please supply details of any training giving dates and attaching certificates:

Equipment

Please supply details of any TSCM equipment you are competent to use:

| |
|--|
| |
|--|

References

Please ensure your references are aware that the TSCMi Board will wish to contact them.

| Reference 1 | |
|----------------------|--|
| Full Name: | <input type="text"/> Title <input type="text"/> |
| Telephone: | <input type="text"/> |
| Mobile: | <input type="text"/> |
| Email: | <input type="text"/> |
| Address: | <input type="text"/> |
| Organisation: | <input type="text"/> |

| Reference 2 | |
|----------------------|--|
| Full Name: | <input type="text"/> Title <input type="text"/> |
| Telephone: | <input type="text"/> |
| Mobile: | <input type="text"/> |
| Email: | <input type="text"/> |
| Address: | <input type="text"/> |
| Organisation: | <input type="text"/> |

Criminality

Please complete the following table:

| Have you ever been convicted of a criminal offence? (subject to 1974 Rehabilitation of Offenders Act) | YES | NO |
|--|-----|----|
| If "yes", please give details of dates of offences and sentences passed: | | |
| | | |

Declaration

I declare that I the undersigned accept and will comply with the following points as a condition of being a Member of the TSCM Institute:

- The information I have given in this Application is true to the best of my knowledge. I understand that my Application may be declared invalid and any subsequent membership or affiliation may be revoked if any of this information is found to be inaccurate. The TSCM Institute will not be liable for making any refunds in these circumstances.
- I understand that the TSCM Institute may wish to verify some or all of the information I have provided, and I hereby authorise the TSCM Institute and or its agents to perform reference or other checks as required.
- I give my permission to the TSCM Institute to retain, file and process the information that I have provided in this application.
- I undertake to advise the TSCM Institute of any changes to my personal contact information.
- I understand that my postal addresses will not be divulged to a third party without my prior consent.
- If I am accepted into the TSCM Institute, I agree to be bound by its Standards, Rules, Ethics and Code of Practice.
- A condition of TSCM Membership is that each Member must guarantee to pay the sum of £1.00 in the event the TSCM Institute is unable to meet its liabilities. This guarantee continues for 12 months after the resignation of a Member.

Signed:

Dated: