

# APPLICATION FOR INDIVIDUAL REGISTRATION

F	PRECEDENCE	
DOCUMENT # 1 /	OWNER REFERENCE H/PFA	
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### **Data Protection**

Information provided on this form is required to make admission decisions and assessments. Any sensitive information collected is privileged and protected under data protection principles and laws. Information may be shared with European law-enforcement and intelligence services, medical personnel, academic institutions, employers, professional bodies and other third-parties required to conduct due diligence. Failing to provide information or deliberately providing misleading information may result in disciplinary action, termination of employment, fines, blacklisting and other action.

1	REGISTRANT INFORMATION			
This application form is anonymised by linking a candidate's personal details to their registration number. If a candidate for registration has not received a registration number via their academic institution or employer, they can obtain one by applying to the Intelligence Academy.				
REGISTRATION #		REQUESTED REGISTRATION	CLEARANCE	
DETAILS	CORRESPONENCE ADDRESS		CONTACT NAME	
CONTACT DET			E-MAIL	
CON			TELEPHONE NUMBER	

### 2 PROFESSIONAL HISTORY

Candidates for registration are required to document three to five years of their professional history depending upon their citizenship and residency. A brief justification of the role's pertinence to the registration applied for should be included in the RELEVANCE section e.g. analysis of intelligence material, electronic collection, etc. Experience from unregulated and unaccredited employers can be recognised by requesting a supervisor or colleague qualify as an accredited assessor (a short online course at the Intelligence Academy). Alternatively, for uncooperative employers or individuals that work in isolation, a log of reflective practice may be completed.

	EMPLOYER	FULL-TIME EQUIVALENCY
CURRENT	POSITION	START DATE
	RELEVANCE	END DATE

	EMPLOYER	FULL-TIME EQUIVALENCY
A	POSITION	START DATE
	RELEVANCE	END DATE
	EMPLOYER	FULL-TIME EQUIVALENCY
в	POSITION	START DATE
	RELEVANCE	END DATE
с	EMPLOYER	FULL-TIME EQUIVALENCY
	POSITION	START DATE
	RELEVANCE	END DATE
D	EMPLOYER	FULL-TIME EQUIVALENCY
	POSITION	START DATE
	RELEVANCE	END DATE

### ACADEMIC & PROFESSIONAL DEVELOPMENT

In addition to any professional development undertaken in the last year, candidates for registration should include the following (if possible):

Their most relevant intelligence degree.Regulated intelligence training certified by

an EU member state.

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- Their highest non-intelligence degree.
- Other post-compulsory intelligence education of 12 months or more.

Courses undertaken at the Intelligence Academy in the last 12 months do not need to be mentioned here, but should be counted towards the annual study hours. Unaccredited intelligence degrees and equivalent qualifications can be accredited on request by providing the Institute with supporting syllabus documentation issued to all university students.

ENT	TRY QUALIFICATION STUDY HOURS (LAST 12 MONTHS)	
	INSTITUTION	MODE OF STUDY
A	COURSE / QUALIFICATION	GRADE
	SUBJECT	DATE OF AWARD
	INSTITUTION	MODE OF STUDY
в	COURSE / QUALIFICATION	GRADE
	SUBJECT	DATE OF AWARD
	INSTITUTION	MODE OF STUDY
с	COURSE / QUALIFICATION	GRADE
	SUBJECT	DATE OF AWARD
	INSTITUTION	MODE OF STUDY
D	COURSE / QUALIFICATION	GRADE
	SUBJECT	DATE OF AWARD
E	INSTITUTION	MODE OF STUDY
	COURSE / QUALIFICATION	GRADE
	SUBJECT	DATE OF AWARD

#### 4 PROFESSIONAL MEMBERSHIPS

Intelligence professional bodies other than the Institute and professional bodies with a specialisation relevant to intelligence practice should be cited here. Historic or lapsed memberships should not be included.

	INSTITUTION	GRADE
A	ENTRY REQUIREMENTS	REGISTRATION NUMBER
	SPECIALISATION	DATE ACCREDITED
	INSTITUTION	GRADE
в	ENTRY REQUIREMENTS	REGISTRATION NUMBER
	SPECIALISATION	DATE ACCREDITED

### **5 REFERENCES**

The academic referee should be from the university where the intelligence or most recent degree was obtained. The professional referee should be from the current employer, or last employer (if currently unemployed). Email addresses must be from the relevant university or company mailbox.

EMIC	REFEREE NAME	FESSIONAL	REFEREE NAME
ACAD	EMAIL	PROFES	EMAIL

## 6 DECLARATION

I confirm that, to the best of my knowledge, the information provided in this form is complete and factually accurate. I understand that if subsequent to being admitted to the register, any aspect of my application is considered deceptive, misleading or incomplete, I could be struck from the register and suffer further sanction. Furthermore, I have read, understood and agree to the Institute's terms and conditions and privacy policy. I understand that where legally permissible to do so personal data may be processed without my consent.

DIGITAL SIGNATURE	REGISTRATION #
	DATE