



# INSTITUTE OF CONSTRUCTION CLAIMS PRACTITIONERS

## Member Upgrade Form

Please complete this form as part of your membership upgrade application.

|  |  |
|--|--|
| Name:  |  |
| Current membership level (Associate or Member):  |  |
| Membership level applied for:  |  |
| Post school academic qualifications (please attach certificates):  |  |
| Continual Professional Development (CPD) completed relating to claims (please attach records):   |  |
| Membership of professional institutes (state membership level) (please attach certificates):   |  |
| Details of 3 previous job titles:  |  |
| Current job title:   |  |
| Number of years worked in construction industry (must be verifiable by reference to CV):   |  |
| Number of years work experience dealing with claims as part of job requirements (must be verifiable by reference to the Details of Claims Experience Form):                |  |
| Number of years where job role demanded a significant amount of time spent dealing with claims (must be verifiable by reference to the Details of Claims Experience Form): |  |
| Additional information in support of application:  |  |



**In the case of an application for Fellowship**, the applicant, by submitting this application commits to actively support the institute and to contribute at least one of the following per year:

1. Serve on the ICCP committee;
2. Submit at least one article for publication in the institute magazine;
3. Provide at least one paper, case study or other item of information for the institute's knowledge base per year;
4. Provide a minimum of one presentation at institute seminars or conferences per year.

Please indicate how you intend to actively support the institute (please enter number 1, 2, 3 or 4 from the options above and note that more than one option may be selected):

Before submitting your membership upgrade application please review the checklist below and ensure that you have included everything that is required.

| <b>Item</b>   | <b>✓</b> |
|---|----------|
| Member Upgrade Form (all pages must be signed by referee)               |          |
| Referee Endorsement Form  |          |
| CV (all pages must be signed by referee)                                |          |
| Details of Claims Experience Form (all pages must be signed by referee) |          |
| Copies of all relevant qualification certificates                       |          |
| Copies of all relevant professional institute membership certificates   |          |
| Proof of payment  |          |



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CLAIMS PRACTITIONERS**

**Member Upgrade Form**

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|                        |  |
|------------------------|--|
| Applicant's signature: |  |
| Date:                  |  |

|                      |  |
|----------------------|--|
| Referee's signature: |  |
| Date:                |  |