

P. O. BOX: _____ CODE: _____

TOWN: _____

E-MAIL: _____

SECTION 2) MEMBERSHIP QUALIFICATIONS

(In support of your application please submit copies of your academic and professional certificates with this application. DO NOT ENCLOSE ORIGINAL CERTIFICATES.)

REASON(S) FOR APPLYING TO BE A MEMBER:

SECTION 3) EMPLOYMENT HISTORY

List the last three [3] positions you have held in your employment history, beginning with the current (where applicable)

EMPLOYERS NAME	JOB TITLE	YEAR	
		FROM	TO

AFFILIATES:



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11. Members must keep themselves updated on all security information available through IPSS.
12. Members must NOT use IPSS contacts logo name or its position for activities not related to the institution.
13. Members must safeguard all confidential information, instruction, practice, or operating procedure about or related to IPSS activities and business matters.
14. No IPSS practice, procedure, information, or system may be shared or used by anyone else without prior specific agreement/ authorization of IPSS.
15. Member must always act in total accordance with IPSS policies and procedures.

In addition to employed, self-employed and consulting members must strictly adhere to the following addition code of ethics which also severally and generally applies to all classes of individual membership.

16. Perform professional duties in accordance with the law and the highest moral principles.
17. Observe the precepts of truthfulness, honesty, and integrity.
18. Be competent, faithful, and diligent in discharging professional responsibilities.
19. Safeguard confidential information and exercise due care to prevent its improper disclosure
20. NOT maliciously injure the professional reputation or practice of colleagues
21. NOT neglect nor, without due and sufficient cause, omit to discharge a required task promptly and diligently whilst at work.
22. NOT leave a place of work without due permission or sufficient cause.
23. NOT knowingly make or sign any false verbal or written statement of whatever description.
24. Shall NOT without authority, divulge any matter which is confidential to the employer or his client past or present.
25. Shall NOT without due and sufficient cause destroy, mutilate alter nor erase any document or record.
26. NOT corruptly solicit or receive any bribe or ant favor from any person or fail to account for the moneys or property received in connection with or during discharge of the employer’s business.
27. NOT be uncivil to persons encountered in the course of work or make unnecessary use of authority, abusive to the discharge of the employer’s business.
28. NOT act in a manner reasonably likely to bring discredit upon the employer, a client, or a fellow employee.
29. NOT feign or exaggerate any sickness or injury with a view to evade work.
30. NOT to wear the employer’s uniform or use his equipment without authority or when not on duty.
31. MAINTAIN proper standards of appearance and deportment whilst at work.
32. NOT work under the influence of alcohols or drugs or consume any whilst at work.
33. ON conviction for any criminal offence, you lose IPSS automatically.

SECTION 6) DECLARATION

I hereby declare that the information given herein is correct to the best of my knowledge and belief, and if selected, I agree to be bound by the Rules and Regulations of the Institute of Professional Security Studies (IPSS) as stipulated, and as they may thereafter be altered, amended, or modified by the Institute with or without prior warning to me. I also understand and agree that Membership will be rescinded if the above information is found to be false or misleading in any way whatsoever.

SIGNATURE OF APPLICANT: _____

DATE: _____

AFFILIATES:



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SECTION 7) OFFICIAL USE ONLY

INDIVIDUAL APPLICATION: Approved _____ Rejected _____ [Yes or No]

INDIVIDUAL QUALIFICATION: Up to standard _____ Not to Standard _____ [Yes or No]



AFFILIATES:



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