

Institute for Ethical Consulting

Excellence: Integrity: Empowerment



IFEC

Institute For Ethical Consulting

Membership Application

IFEC Membership is your exclusive passport to member-only benefits, networking opportunities and access to new income streams.

Your Competitive Edge.

MA1/09/AU-NZ
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The Benefits of IFEC Membership:

Your Competitive Edge

- The IFEC logo on your advertisements, business cards, stationery, emails (or wherever you choose to place it) assures your prospective clients that you are accredited to the highest standards of integrity and competence. Ongoing advertising by the IFEC will ensure that the widest possible range of prospective clients will recognize the logo.
- All IFEC members have undergone extensive background checks including criminal history checks, credit-history checks and extensive reference/qualification checking. This is important to those who employ Consultants as consulting jobs are often short-term and urgent and the employer does not have the time or the budget for extensive background checking.
- The IFEC Code of Ethics sets out the ethical standards expected of IFEC members, who are contractually obligated to abide by the Code. The IFEC also provides advice on interpreting the Code.
- The IFEC provides a free mediation service, should any disputes arise, with the power to authorize immediate compensation to aggrieved clients of up to AUD\$2000 should this be necessary.
- Every IFEC member has access to the advice and support of other IFEC members- giving them the unrivalled benefits of access to cross-discipline expertise unavailable to non-members.
- Prospective clients can find your listing on the IFEC web site.
- As a Member, you can browse the IFEC web site for Consulting Briefs posted by employers and contact prospective clients directly.
- The IFEC provides various networking opportunities, from getting help via our Member's Only Message Boards to collaborating with other members on a job that requires their special expertise. Networking breakfasts, lunches and dinners are also held at regular intervals.
- Access the members-only area of the IFEC web-site for a range of exclusive member benefits.
- Receive our eNewsletter
- Introduce new members and receive payment of AUD\$1000 for each new member you introduce who proceeds to Membership status.

Future Benefits

The IFEC is a new and dynamic organization dedicated to advancing the huge and expanding Consulting sector, and is working to develop new products, partnerships and benefits for our members. At present this includes:

- Negotiating substantial discounts for members on their Professional Indemnity insurance;
- Negotiating discounts to accredited MBA programs;
- Developing Professional Development Courses for the Consulting sector.

IFEC Membership Application Process

1. Read the [IFEC Code of Ethics](#) (available at www.ifec.biz). If you have any questions regarding the Code call us on +613 5155-5234 or email i.hruszecky@ifec.biz. It is important that you understand the Code of Ethics as your membership commits you to abide by the Code and to accept the rulings of the Ethics Committee (as set out in the Code).
2. Download and print a copy of the [IFEC Membership Application Form](#) at www.ifec.biz. Be sure to read the instructions at Page 2, which contain important warnings.
3. Complete the application in full. Incomplete applications will not be processed and will be returned to you.
4. Send your completed application, along with your résumé/curriculum vitae and a non-refundable deposit of AUD\$500 in a cheque or money order (made payable to 'Institute for Ethical Consulting Pty Ltd') to:
 Institute for Ethical Consulting Pty Ltd
 New Membership
 43 Robin St
 Lakes Entrance VIC 3909
5. You will receive an e-mail confirmation that your application has been received.
6. After your application has been processed and background checking completed you will be invited to attend an informal preliminary interview to ascertain if the IFEC is a good 'fit' with your expectations.
7. Subject to Step 6 above, you will be invited to attend a more formal interview with an IFEC panel.
8. You will be advised in writing as to the outcome of your application, and if accepted an offer will be made to become a Fellow of the Institute for Ethical Consulting.
9. If you accept the offer you must reply (as per the instructions included with the Offer) within 30 days with payment for the balance of the membership dues.
10. Your Membership Package (including your Membership Diploma, Gold Membership Card, enameled lapel-badge, Embossed Leather Compendium and Information Booklet) will be mailed to you.

Important information about completing this form:

Please provide all of the information requested. Incomplete applications will not be processed, and will be returned to the applicant. The completed Membership Application form must be signed by you in the presence of an authorized witness.*

Payment of a non-refundable deposit of AUD\$500 (cheque or money-order) must accompany the completed Membership Application: this will be applied to the costs of obtaining a Police background-check, a credit-check and qualification/reference-checking. Should your application for membership be approved this deposit will be deducted from the dues.

In signing this form you are attesting that you have read and understood the IFEC's 'Code of Ethics' and that you agree to adhere to them. The most recent version of the Code is available to read or download on-line at www.ifec.biz/ethics.html. Membership of the IFEC is conditional upon your commitment to follow, as a minimum standard, the IFEC Code of Ethics, and your acceptance of the authority and powers of the IFEC Ethics Committee (as set out in the 'Code of Ethics').

Mail the completed, witnessed, form, together with your non-refundable deposit and your resume to:

Institute for Ethical Consulting
New Membership
43 Robin St
Lakes Entrance VIC 3909

NOTE: In signing this form you grant permission to the Institute for Ethical Consulting (IFEC) to undertake a Police background check and a credit-history check on you. Information obtained as a result of these checks will not be used for any purpose other than meeting the criteria of IFEC Membership and will never be made available to any third party, except as may be authorized by you (in writing) or as required by law.

WARNING: This form carries the status of a Statutory Declaration and, in addition to the civil proceedings available to the IFEC, the penalties for perjury apply to making false or misleading statements.

In order to be accepted for processing, this form must be initialed on each page by both the applicant and an authorized witness* and signed on the final page in the presence of an authorized witness. The person who witnesses the declaration must print, type or stamp his or her name, address and position below his or her signature. Any alterations or erasures must also be initialed by both you and the witness.

BE AWARE: Processing of your application will not commence until after the non-refundable deposit cheque clears. It will then take some time to obtain the results of the relevant background checks before the interview process can proceed. Please expect a delay of up to 4 weeks before we contact you to arrange an appointment for interview.

***Authorized witnesses include:**

- A Justice of the Peace or a Bail Justice
- A member of the police force
- A councilor of a municipality
- A legally qualified medical practitioner
- A dentist
- A veterinary surgeon
- A pharmacist
- A principal in the (State) teaching service
- The manager of a bank
- A member of the Institute of Chartered Accountants in Australia or the Australian Society of Accountants or the National Institute of Accountants
- A minister of religion authorized to celebrate marriages
- A barrister and solicitor of the Supreme Court
- A clerk to a barrister and solicitor
- The Registrar or a Deputy Registrar of the County Court
- The sheriff or a deputy sheriff
- A Notary Public
- The Registrar or Deputy Registrar of the Legal Profession Tribunal
- A member or a former member of either House of the Parliament of the Commonwealth
- The Registrar or a Deputy Registrar of the Magistrates' Court
- The Registrar of Probates or an Assistant Registrar of Probates
- The Associate to a Judge of the Supreme Court or the County Court
- The Secretary of a Master of the Supreme Court or of the County Court
- A person registered as a Patent Attorney under Part XV of the Patents Act 1952 of the Commonwealth

Section A: Your Personal Details

Title:	Family Name:	Given Names:
Date of Birth:	Driver's License No.:	State Driver's License Issued:
Have you ever been known by another name? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If 'Yes', give details below:</i>		
Title:	Family Name:	Given Names:
Reason for name-change (e.g.: Deed-poll; marriage):		
Are you a permanent Australian Resident? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If 'No', provide details below:</i>		
Nationality:	Does your Visa permit you to work in Australia? Visa Type:	Visa Expiry (DD/MM/YYYY):

Section B: Your Address/Contact Details

Current Residential Address:

Street Name/Number:	Suburb/Town:	State:	Postcode:
Time at this address: Yrs Mths	Home Telephone: ()	Business Telephone: ()	Mobile Telephone:
Email Address:	Web Site Address (for Members' Listing):		

Previous Residential Address (if at current address less than 3 years):

Street Name/Number:	Suburb/Town:	State:	Postcode:
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Postal Address (Complete only if different to Residential Address above):

Street Name/Number:	Suburb/Town:	State:	Postcode:
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Details of your nearest relative (not living with you):

Relative's Full Name:	Relative's Phone No (Not a mobile):		
Relative's Street Address:	Suburb/Town:	State:	Postcode:

Section C: Your Employment Details

Your Employment: Full time: Part time: Casual: Self Employed: Unemployed: Retired:

Occupation/Job Title:	Employer Name or Business Name (if self-employed):		
Employer Address/Business Address:	Suburb/Town:	State:	Postcode:
Employer Phone No. (Main Switch): ()	Time at Current Employer: Yrs Mths		

Previous Employment (Complete if at current employment for less than 3 years):

Name of Employer:	Employer Phone No. (Main Switch): ()	Time at former Employer: Yrs Mths
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Areas of Specialization- for your Directory Listing. You may nominate up to four. List in order of preference. (e.g.: Accounting; Project Management; Management):

Specialization 1:	Specialization 2:
Specialization 3:	Specialization 4:

<input type="text"/>	<input type="text"/>
Initials of Applicant	Initials of Witness

Section D: Your Educational Attainment:

Highest level completed: Secondary: Diploma: Bachelors: Masters: Doctorate: Other:

Name of qualification:	Year completed:	Name of Educational Institution:	Campus:
Name of qualification:	Year completed:	Name of Educational Institution:	Campus:

Section E: Your Background

Have you ever been convicted of a crime or is there any criminal charge now pending against you? Yes No

Have you ever had a professional membership, license, registration, or certification denied, suspended, or revoked? Yes No

Have you ever been censured or disciplined by any professional body or organization? Yes No

Have you ever been declared Bankrupt? Yes No

If you answered "Yes" to any of the above please attach a signed, dated and witnessed explanation on a separate sheet. Such attachments will be deemed to form part of this application. All information provided is confidential.

Section F: Your Referees

Please list three professional referees (Including Name, Business Name & Office Phone Number):

1	Title:	Given Names:	Family Name:
	Name of Business:		Business Phone (Not a mobile): ()
2	Title:	Given Names:	Family Name:
	Name of Business:		Business Phone (Not a mobile): ()
3	Title:	Given Names:	Family Name:
	Name of Business:		Business Phone (Not a mobile): ()

Please list three Character Referees, not family members (Including Name, Relationship to you & Home Phone Number):

1	Title:	Given Names:	Family Name:
	Relationship to you:		Home Phone (Not a mobile): ()
2	Title:	Given Names:	Family Name:
	Relationship to you:		Home Phone (Not a mobile): ()
3	Title:	Given Names:	Family Name:
	Relationship to you:		Home Phone (Not a mobile): ()

Section G: Your IFEC Sponsor

Were you referred to the IFEC by an existing member? Yes No *If 'yes', give details:*

Family Name of Referring Member:	Given Name of Referring Member:	Membership No:
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<input type="text"/>	<input type="text"/>
Initials of Applicant	Initials of Witness

Section H: Statement and Signature

I state that the information in this form is true and correct and I authorize the Institute for Ethical Consulting Pty Ltd (IFEC) to verify this information, including criminal history and credit history checks. I understand that admission to the IFEC is at the sole discretion of the Board of Directors. I agree to the publication of my email address and web-site address on the IFEC web-site. I have read and understand the **IFEC Code of Ethics** (available for viewing at <http://www.ifec.biz/ethics.html>) and I agree to abide by them. I understand that knowingly making a false statement may make me subject to the penalties for perjury.

Applicant to complete:

Signature:

Date (DD/MM/YYYY):

Witness to complete:

Signature of Witness*:

Stamp or printed name of Witness:

Witness' phone number (not a mobile):
 ()

Witness Qualifications (e.g.: JP; Police Officer):

Date (DD/MM/YYYY):

***See full list of qualified witnesses on Page 2**

Section I: Checklist

- All fields completed? Every page signed/initialed? Every page witnessed? Attachments enclosed?
 Resume attached? Deposit payment attached?

Mail your completed 'Membership Application', together with your Resume, Attachments (if applicable) and a non-refundable deposit (cheque or money-order) for AUD\$500 (this will be deducted from your Membership Fee of AUD\$5,000 should your application be approved) to:

Institute for Ethical Consulting Pty Ltd
 43 Robin St
 Lakes Entrance VIC 3909
 Australia.

For any questions, comments or concerns please contact us during business hours (9:00 AM – 6:00 PM AEST) Mon – Fri:
 Phone: +61 3 5155-5234
 Email: i.hruszecky@ifec.biz

Optional Market-Research Question

How did you first hear about the IFEC?

- Direct mail
 Word of mouth
 Recommended by an existing member
 Newspaper (Specify: _____)
 Web site (Specify: _____)
 Other (Specify: _____)

IFEC Office Use Only

Date Lodged: Complete? Yes <input type="checkbox"/> No <input type="checkbox"/>	AFP Request sent: Returned: Clear <input type="checkbox"/> Query <input type="checkbox"/>	D&B Request sent: Returned: Clear <input type="checkbox"/> Query <input type="checkbox"/>	Reference Checking Initials: Clear <input type="checkbox"/> Query <input type="checkbox"/>	Qualifications Check Clear <input type="checkbox"/> Query <input type="checkbox"/>	Membership Approved Signature: Date: Yes <input type="checkbox"/> No <input type="checkbox"/>
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Refer to client file for details.

Deposit Cleared: Yes No

Invoice sent: Yes No

Membership payment received (date):

Sponsored: Yes No

Sponsor paid: Yes No

New Membership Number: