|  |  |
| --- | --- |
| C:\Users\Wareings\Desktop\IQCS Final Small.jpg | **Interviewer Quality Control Scheme**6 Walkfield DriveEpsom Downs, Surrey, KT18 5UFTelephone: 07935 057275Email: gill@iqcs.orgWebsite: [www.iqcs.org](http://www.iqcs.org) |

**APPLICATION FOR MEMBERSHIP AS A FIELDWORK MEMBER**

PLEASE COMPLETE THIS SECTION IN BLOCK CAPITALS

NAME OF COMPANY/ORGANISATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BUSINESS ADDRESS FOR ALL

COMMUNICATIONS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF DIRECTOR/AUTHORISED

REPRESENTATIVE TO WHOM

CORRESPONDENCE SHOULD BE

ADDRESSED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Terms & Conditions**

In submitting applications, companies should understand that they are applying for membership of the Interviewer Quality Control Scheme ("the Association") for the year or other period of membership specified below. Applications are made and assessed on the following basis, as laid down by the Council of Management of the Association pursuant to the Association's Memorandum and Articles of Association and as set out in the Inspections and Appeals procedure a copy of which is attached.

1. Applications will be accepted only on this form and once the appropriate payment has been received. On receipt of the Annual Membership Fee form members will be invoiced and advised of their fee for 2019. Applicants should understand that if they are not accepted for membership for 2019, only £100 of that payment will be returnable.

2. The scope of the inspections will cover all fieldwork carried out by the applicant. All applicants will be expected to submit themselves for inspection at 48 hours’ notice.

3. Membership covers all types of fieldwork a company undertakes. Companies must - irrespective of the number of interviewing days in any fieldwork category - work fully to IQCS Minimum Service Standards. Failure to apply the Standards in any area will jeopardise a company's membership of the Scheme.

4. Member companies are responsible for ensuring all individuals working on a project (or parts of a project) are adhering to the Market Research Society Code of Conduct.

5. The judging panel will meet several times during the year. Any problems or concerns arising from an inspection will be communicated immediately after the judging panel meets following receipt of the inspection report.

6. In the event of any application being rejected, the applicant in question may appeal against such rejection in accordance with the appeals procedure set out in the enclosed Inspection and Appeals Procedure.

7. Until otherwise notified by the company in writing, all correspondence will be addressed to the Director or other authorised representative of the Company whose name is set out above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE SIGN THE FOLLOWING DECLARATION:**

We hereby apply to be admitted to membership of the Association for the year commencing 1st January 2019 as a Fieldwork Member. In the event of admission to membership, we undertake to comply with the provisions of the Memorandum and Articles of Association of The Interviewer Quality Control Scheme and any regulations made hereunder and understand that, unless renewed, our membership will expire on 31st December 2019.

 DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SIGNED BY (FULL NAME): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please Print)

# AUTHORISED DIRECTOR / REPRESENTATIVE ON BEHALF OF THE COMPANY