

This electronic document has been made interactive for your immediate use. Once you have filled in the appropriate form fields and verified information is correct, please hit the **SUBMIT** button and follow the prompts provided. If you wish to print and manually complete this document please email a copy to [membership@ausimm.com.au](mailto:membership@ausimm.com.au) or mail to **PO Box 660, Carlton South VIC 3053 Australia**.

➤ If you are submitting this document by fax or mail please complete the **GREEN** response fields

➤ If you are submitting this document electronically please complete the **ORANGE** response fields

### PERSONAL DETAILS

Title:  Mr  Mrs  Ms  Miss  Dr  Prof

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_

Preferred Mailing Address:  Residential

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Country: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Site/Location: \_\_\_\_\_

Phone (BH): \_\_\_\_\_

Phone (AH): \_\_\_\_\_

Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Primary Email: \_\_\_\_\_

Secondary Email: \_\_\_\_\_

Preferred Mailing Address:  Business

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Country: \_\_\_\_\_

Career Disciplines:

Mining  Metallurgy  Geoscience  Environment

Management  Community Other \_\_\_\_\_

### APPLICATION DETAILS

Application Type:  Admission

Reinstatement

Grade Transfer

Current/Prior Membership No. (if applicable): \_\_\_\_\_

### QUALIFICATIONS AND EXPERIENCE

#### Post-Secondary Education

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

#### Membership of other Professional Bodies

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

**A copy of your CV and confirmation of your degrees, diplomas, etc should be included with this application form.**

*(If your degree is in a language other than English please submit a copy in English).* The following forms of confirmation are acceptable: a) photocopy of the degree, diploma, etc certified by at least one sponsor as a true copy, or b) formal statement from the tertiary institution specifying the degree, diploma, etc granted.

➤ If you are submitting this document by fax or mail:

Please fax the relevant documentation to AusIMM on **+61 3 9662 3662** or mail to **PO Box 660, Carlton South VIC 3053 Australia** along with this completed form.

➤ If you are submitting this document electronically:

Once this form has been completed, **SUBMIT THIS FORM** then attach an electronic copy of the relevant documentation to the submission email.

## Statement of Senior Responsibility

Applicants for admission or transfer to the grade of Fellow must have held a position of Senior Responsibility for at least five years, or have had at least 15 years senior experience including some major personal accomplishment.

Senior Responsibility is determined through consideration of the professional knowledge and experience gained by the applicants and the outcomes achieved by them through the application of that knowledge and experience. Senior Responsibility implies an advanced level of knowledge and experience and the achievement of substantial outcomes, outcomes which are of major importance to corporate decision makers, whether employer or client.

Factors taken into consideration when assessing an applicant's Senior Responsibility are:

- Leadership and decision making at a senior level
- Responsibility for substantial economic inputs and outcomes
- Leadership of professional teams
- Professional advice and evaluation which is relied upon to achieve substantial outcomes
- Substantial contributions to the professional knowledge base
- Substantial contributions to the education and development of professionals.

All applicants for the grade of Fellow are required to provide a statement addressing the factors above. This statement will be considered with all other supporting information in the assessment of an applicant's senior responsibility.

It is recommended that statements do not exceed one and a half pages.

### STATEMENT

*(Please continue on next page)*

## STATEMENT

**SUMMARY OF SENIOR RESPONSIBILITIES**

DATE Mth & Yr		SENIOR POSITION (TITLE, DESCRIPTION)	COMPANY	POSITION OF IMMEDIATE SUPERIOR (TITLE, DESCRIPTION)	DIRECT RESPONSIBILITIES		
FROM	TO				NO OF DIRECT STAFF TOTAL	DIRECT ANNUAL BUDGET (\$A'000)	OTHER RELEVANT INFORMATION (ADD ADDITIONAL SHEETS IF NECESSARY)

**Note:** If you are a consultant or self employed applicant please supply evidence giving reasons why you feel you satisfy the definition of senior responsibility. Also include example assignments illustrating the typical level of consulting – ie what position in the client company the job reported to, how reliant the client was on your decisions.

## SPONSOR DETAILS

*This proposal for admission to the grade of Fellow Member must be sponsored by 3 current AusIMM Members of whom 2 must be Fellows of the AusIMM.*

### Contact Details of Sponsor No.1

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Organisation: \_\_\_\_\_  
Job Title: \_\_\_\_\_

AusIMM Membership No.: \_\_\_\_\_  
Grade of Membership:  Member  Fellow  
What is your relationship with this sponsor? (e.g. manager, colleague etc)  
\_\_\_\_\_  
How long has this sponsor known you professionally?  
\_\_\_\_\_

 Sponsor's Signature: \_\_\_\_\_

 To the best of my knowledge the sponsor agrees to support this application

### Contact Details of Sponsor No.2

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Organisation: \_\_\_\_\_  
Job Title: \_\_\_\_\_

AusIMM Membership No.: \_\_\_\_\_  
Grade of Membership:  Member  Fellow  
What is your relationship with this sponsor? (e.g. manager, colleague etc)  
\_\_\_\_\_  
How long has this sponsor known you professionally?  
\_\_\_\_\_

 Sponsor's Signature: \_\_\_\_\_

 To the best of my knowledge the sponsor agrees to support this application

### Contact Details of Sponsor No.3

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Organisation: \_\_\_\_\_  
Job Title: \_\_\_\_\_

AusIMM Membership No.: \_\_\_\_\_  
Grade of Membership:  Member  Fellow  
What is your relationship with this sponsor? (e.g. manager, colleague etc)  
\_\_\_\_\_  
How long has this sponsor known you professionally?  
\_\_\_\_\_


 Sponsor's Signature: \_\_\_\_\_


 To the best of my knowledge the sponsor agrees to support this application

## MEMBER DECLARATION

I agree to observe and be bound by the terms of the Charter, By-Laws, Regulations, Code of Ethics, JORC and VALMIN codes and any other codes and guidelines established by the Board. I authorise the AusIMM to take any steps necessary to verify my eligibility and qualifications, and authorise the University or other Institute which awarded each qualification to provide verification to the AusIMM.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

 Signature: \_\_\_\_\_

 I agree to support the aims, objectives and Charter and By-laws of the AusIMM

## PAYMENT DETAILS: PAYMENT MUST ACCOMPANY THIS APPLICATION FORM

**Credit Card** – Please debit my  VISA  MASTERCARD  A MEX

Card Number: \_\_\_\_\_

Card Expiry: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Amount: AUD \$ \_\_\_\_\_

 Cardholder Signature: \_\_\_\_\_

 I authorise this transaction

## SUBSCRIPTION FEES

For new members go to [www.ausimm.com](http://www.ausimm.com) to calculate subscription fees.  
Reinstatements and Grade Transfers please contact Member Services prior to completing payment details.

## APPLICATION CHECK LIST

- |  |  |
|--|--|
| <input type="checkbox"/> 1. Personal details completed                           | <input type="checkbox"/> 6. Accepted terms and conditions of Member Declaration    |
| <input type="checkbox"/> 2. Application details completed                        | <input type="checkbox"/> 7. Provided a summary of Senior Responsibilities          |
| <input type="checkbox"/> 3. Qualification details completed for new applications | <input type="checkbox"/> 8. Provided a statement of Senior Responsibilities        |
| <input type="checkbox"/> 4. Certified copies of degrees for new applications     | <input type="checkbox"/> 9. Provided sponsor details and obtained sponsor approval |
| <input type="checkbox"/> 5. CV   | <input type="checkbox"/> 10. Provided payment details                              |

 Once this form has been completed, please verify information given is correct, and email fax or mail to:

**Postal Address:** AusIMM, PO Box 660 Carlton South VIC Australia 3053

**Fax:** (Att: Member Services) +61 3 9662 3662

**Email:** [membership@ausimm.com.au](mailto:membership@ausimm.com.au)

 Once this form has been completed, please verify information given is correct, and

**SUBMIT THIS FORM** 