



ITI application form for Student Associateship

Office use only

Membership number:	
Acknowledged:	
Application fee received:	
End date:	

PLEASE USE BLOCK CAPITALS and return ORIGINAL of completed form to ITI at the address below

Title: Mr Mrs Ms Miss Dr Other: _____

Surname: _____

First name: _____

Date of birth: _____

Country of birth: _____

Nationality: _____

Current occupation: _____

Interest in languages (e.g. bilingual occupation terminology, tutoring, translation, interpreting)

Permanent address: _____

Post code: _____

Country: _____

Telephone: _____

Fax: _____

Email: _____

Address for correspondence (if different from above):

Post code: _____

Country: _____

In order for ITI to comply with the Disability Rights Act 2004 please give details of any disability you may have:

Your course. Give details of your current course of study.

University/College: _____

Course title: _____

Start date: _____ Completion date: _____

Signature: _____

Date: _____

Countersigned (see note 2 below)

Name: _____

Position: _____

Signature: _____ Date: _____

REQUIREMENTS FOR STUDENT ASSOCIATESHIP

Registration for or attendance at a course of full-time study (postgraduate or other) recognised as preparation for work as a professional translator or interpreter. You can benefit from student membership for an additional full year from the end of the subscription year in which the taught element of your course ends.

ADDITIONAL NOTES

1. All new applications should be accompanied by:

- a full CV
- copies of qualifications
- the membership fee for the current period (see website for latest fees – at Join ITI/Subscriptions) and see Methods of Payment – Applicants, Fact sheet 064)
- a prospectus of your course, or the URL
- signed code of conduct

2. All applications should be countersigned by either the course tutor or the departmental office.

3. All Student Associates of ITI can maintain their status during their course of study (one to four years) and for one more year after the end of their course. After that, they may apply for Associateship of ITI or become Bulletin Subscribers.

Please indicate your chosen method of payment:

Cheque Credit/Debit Card Bank Transfer

STRICTLY CONFIDENTIAL

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