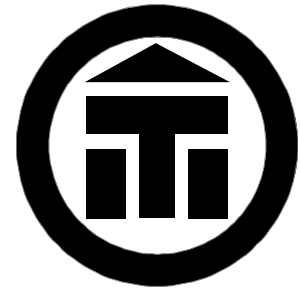


Institute of Translation & Interpreting

Application form for Qualified Translator Membership (MITI)



Office use only:	
Membership number:	
Acknowledged:	
Application fee received:	

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: _____

Permanent address: _____

Post code: _____

Country: _____

Telephone: _____

Fax: _____

Date of birth: _____

Country of birth: _____

Nationality: _____

Email: _____

Website: _____

Address for correspondence (if different from above)

Post code: _____

Country: _____

Telephone: _____ Fax: _____

Qualifications: (BA, MA, MSc, etc.) _____

Where did you hear about ITI?

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

If you are/have been a member of ITI, please provide your membership number:

Membership of professional bodies – please give period/s and level of membership:

Continuing Professional Development: Please provide details on a separate sheet and/or attach photocopies of certificates: _____

Current employment:

<input type="checkbox"/> Translator	<input type="checkbox"/> Lecturer
<input type="checkbox"/> Interpreter	<input type="checkbox"/> Other (please specify) _____
<input type="checkbox"/> Full-time	
<input type="checkbox"/> Part-time	

Freelance employment (please give date when you began work on a freelance basis): _____

Staff employment (please give name of current/last employer): _____

Work experience

For entry to Qualified Membership with less than 5 years' full-time work experience or the equivalent over a longer period part-time, you must obtain a Pass in the ITI Translators' examination.

With 5 years' or more full-time work experience or the equivalent over a longer period part-time, the Admissions Committee MAY offer you the choice of assessment and/or examination.

There is a **guideline minimum** word count of 750,000 over the qualifying period but applications will be considered on an individual basis.

Please complete the Translator Experience Breakdown table on next page.

Translation details

Mother tongue: _____ Language of habitual use: _____

Languages from which you work: _____

Main subject areas in which you work:

1. _____ 2. _____

3. _____ 4. _____

I certify that the above information (and any further information enclosed) is correct. Any information provided may be held by the ITI in accordance with the Data Protection Act 1998.

Signature: _____ Date: _____

