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**The Textile Institute Professional Qualifications**

**Associateship CText ATI**

**For Office use only**

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| --- | --- |
| **Date Received:** | **Membership No:** |
| **Current Grade:** | **Application No:** |

**Please indicate which Route you are applying under**

|  |  |
| --- | --- |
| **A** |  |
| **B** |  |
| **C** |  |
| **D** |  |

**Please type or write clearly using black ink when completing this form, since it will be photocopied. PLEASE COMPLETE EACH RELEVANT SECTION IN FULL (CVs should only be attached as supporting evidence). Use the documents Regulations For Associateship and Chartered Membership of The Textile Institute and Description of a Chartered Associate of The Textile Institute for guidance.**

*Please be aware that the Professional Qualifications department need to have received all references for the application to be assessed fully. We advise all candidates to get their applications in as early as possible.*

1. **Personal details**

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| --- | --- |
| **Surname/Family Name and Title (Mr, Mrs, Ms, Dr, Prof):** | **Forenames***:***Age:** |
| **Address for Correspondence:****Email:** |  |
|  | **Residential Address (if different):****Telephone:** |

1. **Present Occupation**

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| **Job Title:** | **Date of Appointment to Present Post**: |
| **Name and Address of Employer**:**Company website URL:**  | **Telephone No:****Email:**  |

1. **Current Professional Responsibility**

Please give a brief description of the nature of your work and the extent of your current responsibilities

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1. **Previous Posts or Changes in Job Title or Responsibilities**

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| --- | --- | --- | --- |
| **Name and Address of Company/Organisation** | **Job Title** | **Dates** | **Nature of Work and Responsibilities**  |
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1. **Education**

**5.1 To be completed ONLY for applications under Regulation 2(a)**

|  |  |
| --- | --- |
| **Institution at which The Textile Institute Examinations were taken** | **Date Passed** |
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**5.2 To be completed ONLY for applications under Regulation 2(b)** Please enclose copies of relevant certificates

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| --- | --- | --- | --- |
| **Exempting Qualification(s)\*** | **Class/Grade** | **Institution at which taken** | **Date of Award** |
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**5.3 To be completed ONLY for applications under Regulations 2 (c) and 2 (d)**

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| **Further and Higher Education (including Professional Qualifications)** Please enclose copies of relevant certificates |
| **Institution (University, College, etc.) and Awarding Body (if different)** | **Courses Taken** | **Full-time or Part-time** | **Degrees, Diplomas or Certificates obtained including Class/Grade** | **Date of Award** |
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**5.4 To be completed ONLY for applications under Regulations 2 (c) and 2 (d)**

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| **Apprenticeship, Formal Training and Short Courses** |
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1. **Grounds on which your application is based**
	1. **To be completed ONLY for applications under Regulation 2 (c) or 2(d). Please see guidance notes for assistance. Those applying under Regulation 2(a) or 2 (b) please go straight to section 6.3**

**Please give a description of your broad general knowledge of the textile industry**

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* 1. **To be completed ONLY for applications under Regulation 2(d). Please see guidance notes for assistance. Those applying under Regulation 2(a), 2 (b) or 2 (c) please go straight to section**

**Please state your specialist textile area and explain how you have developed a high level of knowledge in this field.**

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* 1. **To be completed by all applicants**

**Please provide evidence of your ability to practice in your chosen field (see guidance notes for assistance)**

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 **6.4 To be completed by all applicants (see guidance notes for assistance)**

**Please provide examples of how you demonstrate professional competency**

* 1. **To be completed by all applicants**

**Describe ways in which you stay up-to-date with developments and activities in your field (see guidance notes for assistance)**

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* 1. **To be completed by all applications**

**Please use this space to include any other supporting evidence for your application (continue on a separate sheet if necessary)**

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1. **Referees**

**7.1 All Applicants:** Please give the name of a senior colleague who can verify your experience

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| --- | --- | --- |
| **Name** | **FTI/ATI or other Qualifications** | **Address** |
|  |  | **Email**: ……………………………………………….. |

**7.2 To be completed ONLY for applications under Regulation 2(c) or 2(d):** Please give the names of two other referees who should preferably be Chartered members, but must not be current colleagues**.**

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| --- | --- | --- |
| **Name** | **FTI/ATI or other qualifications** | **Address** |
| 1. |  | **Email**: ……………………………………………….. |
| 2. |  | **Email:** ……………………………………………….. |

**8. Fees (the current fee structure is published separately)**

Payment (in pounds sterling, GB£) Please complete the appropriate section.

Applications cannot be considered until proof of payment has been received

**8.1 CHEQUE**: I enclose a cheque for GB£ ………..payable to The Textile Institute.

**8.2 BANK TRANSFER**: I have paid GB£ ……………..direct to the National Westminster Bank Plc,

Manchester City Centre Branch, PO Box 305, 11 Spring Gardens, Manchester M60 2DB, UK.

Account number: 06008135. Sort code: 01-10-01. (*Please ensure details of the payment accompany your remittance.)*

**8.3 INVOICE:** Please request an invoice from the Institute if this is required before payment can be made.

**9. Application and Declaration**

I ……………………………………………………………………………………….(applicants should give their name in full) hereby apply to the Council of The Textile Institute for the Associateship of The Textile Institute and do hereby declare that, to the best of my knowledge and belief, all the foregoing statements are correct.

Signed: ……………………………………………………………………… Date: ……………………………………………..

This form, when completed, should be returned to:

Miss Georgia Affonso

Senior Administrator and Digital Coordinator  ***T:*** ++44 (0) 161 237 1188

The Textile Institute

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