



PROFESSIONAL QUALIFICATIONS

ATI**APPLICATION FOR THE ASSOCIATESHIP OF THE TEXTILE INSTITUTE**

For Office use only

Date Received:	Membership No:
Current Grade:	Application No:

BEFORE COMPLETING THIS FORM, PLEASE READ THE ACCOMPANYING ATI REGULATIONS

Please type, word process 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). Applicants are advised to send a copy of the first five pages of the completed form to each referee.

1. Personal details

Surname/Family Name and Title (Mr, Mrs, Ms, Dr etc):	Forenames:
Date of Birth:	Age:
Address for Correspondence:	Residential Address (if different):
Telephone No: Fax No: Email:	

2. Present Occupation

Job Title:	Date of Appointment to Present Post:
Name and Address of Employer:	Telephone No: Fax No: Email:

3. 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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4. Previous Posts or Changes in Job Title or Responsibilities

Name and Address of Company/Organization	Job Title	Dates	Nature of Work and Responsibilities

5. Education

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

Institution at which ATI Examinations taken	Date Passed

Exams checked:

5.2 To be completed ONLY for applications under Regulation 2(b) Please enclose copies of relevant certificates

Exempting Qualification(s)*	Class/Grade	Institution at which taken	Date of Award

* Must be a qualification approved by TI Council. See enclosed leaflet 'Accredited Qualifications'

Verified:

5.3 To be completed ONLY for applications under Regulations 2 (c) and 2 (d)

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

Apprenticeship, Formal Training and Short Courses

6. Grounds on which your application is based

To be completed **ONLY** for applications under Regulation 2 (c) or 2(d).

Please give a brief description of your training and experience in textiles*. Where appropriate, you may submit documentary evidence to support your application, e.g. details of papers or other publications, developments undertaken with respect to your work in textiles, etc.

*See 'Scope of the Textile Institute' in the Regulations

6. Grounds on which your application is based Continued

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7. Referees

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

Name	FTI/ATI or other Qualifications	Address
		Fax No: 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.

Name	FTI/ATI or other qualifications	Address
1.		Fax No Email:
2.		Fax No: Email:

