

4 *Contact Details:

Day/Work Tel:

Evening/Home Tel:

Fax:

Mobile:

E-mail:

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5

*Date of birth: (DD/MM/YYYY)

*Place of birth: Town

Country

6

Nationality:

Previous nationality:

Year of nationality change:

7

Are you or have you ever been a member of the Institute? Yes No

If yes, state membership category: Student Affiliate Associate Member Fellow

Membership number:

Year of election: Year of cessation:

8

Have you ever applied for membership, promotion or FCIL election unsuccessfully?

Yes No

If yes, state:

Year applied	Membership category
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

9 Languages (Please read section 9 of 'Notes and Instructions')

Mother tongue (native language):

Language	<input type="text"/>
Variety	<input type="text"/>
Language	<input type="text"/>
Variety	<input type="text"/>

Principal language/s used professionally: (language/s in which you are seeking membership)

Language	<input type="text"/>
Variety	<input type="text"/>
Language	<input type="text"/>
Variety	<input type="text"/>
Language	<input type="text"/>
Variety	<input type="text"/>

10 Education and Training

From: (MM/YYYY) To: (MM/YYYY)

Course:

Institution:

Qualification Awarded:

From: (MM/YYYY) To: (MM/YYYY)

Course:

Institution:

Qualification Awarded:

From: (MM/YYYY) To: (MM/YYYY)

Course:

Institution:

Qualification Awarded:

From: (MM/YYYY) To: (MM/YYYY)

Course:

Institution:

Qualification Awarded:

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11 Professional Membership

Institution/
Body Year:

Membership Category Method of Admission
(by exam, election, etc)

Institution/
Body Year:

Membership Category Method of Admission
(by exam, election, etc)

Institution/
Body Year:

Membership Category Method of Admission
(by exam, election, etc)

12 Institute of Linguists Examination Results*

Year: Examination/
Level

Language Results

Year: Examination/
Level

Language Results

Year: Examination/
Level

Language Results

Year: Examination/
Level

Language Results

*Please note, failure to provide copies of your IoL certificates as stated in Section 12 (above) will automatically mean that these qualifications will then have to be checked and verified with the IoL Educational Trust.

13 Employment/Occupation/Professional Practice

If you are working as a freelance translator, interpreter or tutor please remember to provide a detailed account of your work. This should include details of the nature of the work carried out, clients, frequency, subject matter, length, number of hours/words per week etc. as appropriate. Please attach a separate sheet of paper, should you feel there is insufficient space to complete a detailed account.

From: (MM/YYYY) To: (MM/YYYY)

Job description:

Language/s used:

Company/agency name and address:

From: (MM/YYYY) To: (MM/YYYY)

Job description:

Language/s used:

Company/agency name and address:

From: (MM/YYYY) To: (MM/YYYY)

Job description:

Language/s used:

Company/agency name and address:

From: (MM/YYYY) To: (MM/YYYY)

Job description:

Language/s used:

Company/agency name and address:

14 Publications

Year Title

Publication/Publisher

Year Title

Publication/Publisher

Year Title

Publication/Publisher

Year Title

Publication/Publisher

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15 Other relevant information supporting your application

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16 Referees (Please read section 16 of 'Notes and Instructions')

Name:

Address:

Tel: Fax:

Email:

Position and Organisation:

In what way and for how long has the referee known the applicant?

Name:

Address:

Tel: Fax:

Email:

Position and Organisation:

In what way and for how long has the referee known the applicant?

Name:

Address:

Tel: Fax:

Email:

Position and Organisation:

In what way and for how long has the referee known the applicant?

17 Divisional Membership*

The Institute has Divisions to further the professional interests of members. Membership of a Division is not obligatory, but is encouraged. Electing to join Divisions shows your intention to take an active interest in those Divisions.

- Education Interpreting
 Business, Professions and Government Translating

*If you decide to join any of the above divisions and tick any of the boxes in Section 17, you are agreeing to receive information from these divisions.

18 Payment to be enclosed. See covering letter and Notes.

19 Declaration

I apply for admission as a member of the Chartered Institute of Linguists in the category I have indicated above.

I declare that the particulars above are correct and accurate and that I have read the accompanying notes.

I undertake, if admitted to membership, to observe the provisions of the Charter, the By-laws, the Code of Professional Conduct, and such other rules and regulations as may be promulgated from time to time.

I further undertake not to use any designation denoting my category of membership of the Institute except while I shall remain a member, and to return my certificate of membership to the Chartered Institute of Linguists if I should cease for any reason to be a member.

I agree that if successful in my application, my name, grade and membership number may be published in a list of members (in electronic or paper form).

The data provided on this form will be used by the CIOL to assess my eligibility for membership and award me the correct category of membership. The information gathered by the CIOL about me will be used to manage my membership within the Institute and to ensure that the CIOL provides me with information and services I would expect as a member. This includes mailings and will allow the CIOL to form an interest consensus to ensure the distribution of any material and/or products/services from the CIOL and its subsidiaries that has a relevance to me.

Signature

Date

Where did you hear about the Chartered Institute?

- Website
 Current member
 Friend
 Colleague
 Work
 Publication (please specify)

CREDIT/DEBIT CARD PAYMENT

Type of Card: MasterCard Visa Visa Electron JCB Solo Maestro

Card Number:

Start Date: Expiry Date: Issue No:

Security Number:

Cardholder's Name (as it appears on the card):

If you are admitted you will be required to pay the outstanding balance. If you wish us to use these card details for this purpose, please tick here:

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Annual sub:

DD payer:

Half year:

Balance due:

Acknowledged:

Result notified:

Papers sent:

Certificate printed:

sent: