

MEMBERSHIP APPLICATION FORM



Education History (most recent first)

Institution	From	To	Full Time (FT) Part Time (PT)	Qualification Awarded (please attach photocopies)

Training Courses Attended

Title	Organisation	Dates

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Membership of Professional Institutions

Institution	Class of Membership	Date Granted

Previous Employment (most recent first)

Job Title	Employers Name and Address	From	To

Membership Grades

Please Indicate the Grade of Membership you are seeking

- | | |
|--|---|
| <input type="checkbox"/> FELLOW | <input type="checkbox"/> MEMBER |
| <input type="checkbox"/> LICENTIATE FELLOW | <input type="checkbox"/> ASSOCIATE MEMBER |

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Referee Details

Please Note for freelance consultants and self employed applicants. The referee for your application must be able to verify the information submitted. Suitable referees could include; associates, ex-colleagues, ex-employers, clients etc.

Name:

Address:

Postcode

Contact No:

Checklist for enclosure

- Completed Application Form
- Copies of Relevant Qualifications
- Signed & Completed Standing Order Mandate of £99
- Cheque for one off management fee of £49

Declaration

I hereby make application to join the Institute of Training and Occupational Learning and certify that the details contained in this application are correct.

I agree that in the event of my admission to membership I will be governed by the rules of the Institute and confirm that I have read and accepted the Institute's Code of Professional Conduct (available on www.itol.org).

Signature Date