



PROFESSIONAL QUALIFICATIONS

**ATI**

**APPLICATION FOR THE ASSOCIATESHIP OF THE TEXTILE INSTITUTE HKITA MEMBER**

For Office use only

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

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).

**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:

## Appendix 3

### 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/Organisation	Job Title	Dates	Nature of Work and Responsibilities

## Appendix 3

### 5. Education

**Further and Higher Education (including Professional Qualifications)** Please enclose copies of relevant certificates including HKITA certification

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

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### 6. Grounds on which your application is based

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.

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## Appendix 3

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### 7. Referees

7.1 Please give the name of a HKITA member who can verify your experience

Name	Professional or other Qualifications	Address
		Fax No: ..... Email: .....

7.2 Please give the name of one other referee.

Name	Professional or other Qualifications	Address
1.		Fax No ..... Email: .....

## Appendix 3

### 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 CREDIT/DEBIT CARD:** Please debit GB£ ..... from my

Visa  MasterCard/Access  Switch/Delta

Start Date: ..... Expiry Date: ..... Issue No (if Switch): .....

Security Number (last group of 3 or 4 digits from the reverse of your card): .....

Account No:

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Name of cardholder .....

**8.3 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.)*

**8.4 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 Emma Scott  
Professional Affairs Manager  
The Textile Institute  
First Floor, St James's Buildings  
Oxford Street, Manchester  
M1 6FQ, UK

**T:** ++44 (0) 161 237 1188  
**F:** ++44 (0) 161 236 1991  
**E:** [escott@textileinst.org.uk](mailto:escott@textileinst.org.uk)

Any change of address or circumstances should be notified at once to the above.