Membership
Application form

Before completing this form, please ensure that you have read the Code of Conduct.

For your application to be processed, you are required to include a detailed and current curriculum vitae, proof of qualification/s attained (including the units/modules passed within the programme/s, where possible) and appropriate payment. Failure to do so will result in a delay in processing your application. If you are re-applying as an Architectural Technician, TCIAT or a Chartered Member, MCIAT, you are required to complete the CPD activities section. Once processed, you will receive a welcome pack within four weeks of receipt of your application and you can immediately begin to enjoy the benefits of membership.

If you are in practice as a sole practitioner, partner, director or LLP member, you must complete a Practice Profile Form or Practice Profile Form for profile candidates (both available from ciat.org.uk). For information on this, please see *Requirements for CIAT Registered Practices* (available from ciat.org.uk). Your membership will not be confirmed until these items have been received and your registration successful. To apply for free student membership please visit: https://ciat.org.uk/membership/
join/student-application-form.html.

**PLEASE COMPLETE THIS FORM IN CAPITAL LETTERS AND BLACK INK** (If completing by hand)

# I wish to apply for the following grade of membership:

Please tick appropriate box

[ ]  Associate (ACIAT) *(Sections A, B, E and F)* [ ]  Profile candidate *(Sections A, C, E and F)*

# I wish to re-apply for the following grade of membership:

Please tick appropriate box

[ ]  Architectural Technician, TCIAT *(Sections A, D, E and F)* [ ]  Associate *(Sections A, B, E and F)*

[ ]  Profile candidate *(Sections A,C, E and F)*

[ ]  Chartered Member, MCIAT — if lapsed for less than three years *(Sections A, D, E and F)*

[ ]  Profile candidate type C — if lapsed for more than three years as a Chartered Member *(Sections A, C, D, E and F)*

If you have been a member of the Institute in the past, please state your previous membership grade, number and year lapsed:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Grade: |        | Membership number: |        | Year lapsed: |       |

# I wish to progress to the following grade of membership:

Please tick appropriate box

[ ]  TCIAT (professionally qualified Architectural Technician) [ ]  MCIAT (Chartered Architectural Technologist)

# Why did you decide to join CIAT?

Please tick appropriate box

[ ]  Royal Charter [ ]  Recognition [ ]  Professional advancement [ ]  Training/CPD [ ]  Networking

[ ]  Recommendation [ ]  Client request [ ]  Company/practice request [ ]  Other (please state):

# SECTION A – Personal details *(All applicants)*

|  |  |
| --- | --- |
| Title: Mr/Mrs/Miss/Ms/Dr/Other *(please specify):* |       |
| Surname: |       |
| Forename(s): |       |
| Date of birth: |   /  /     | Gender: | [ ]  Female [ ]  Male [ ]  Prefer not to say |
| Address: |       |
|       |
|        | Postcode: |       | Country: |       |
| Telephone: |        | Mobile: |       |
| Email address: |        | Twitter: |        |

WORK DETAILS

|  |  |
| --- | --- |
| Employer: |       |
| Address: |       |
|       |
|        | Postcode: |       | Country: |       |
| Telephone: |        | Email: |       |
| Job title: |        | Twitter: |        |

Please tick appropriate box

[ ]  I am self-employed\* [ ]  I am employed on a freelance basis\* [ ]  I am an employee

[ ]  I am unemployed *(evidence must be provided)* [ ]  I am retired [ ]  I am a student

\*See Guidance to members offering/providing architectural advice or services for clarification

Important – please select your preferred main contact details for the Institute to contact you at

**Main Address:** [ ]  Home [ ]  Work **Main number:** [ ]  Home [ ]  Work

**Main Email:** [ ]  Home [ ]  Work

# SECTION B – Associate membership

|  |  |
| --- | --- |
| Membership number (if relevant): |       |
| Number of years’ relevant practical experience: |        |
| Professional qualification(s) (if any): |        |

Academic qualifications

Please tick appropriate box

|  |  |  |
| --- | --- | --- |
| [ ]  Doctorate | Subject:  |        |
| [ ]  Masters | Subject:  |        |
| [ ]  Postgraduate cert/dip | Subject:  |        |
| [ ]  Honours degree | Subject:  |        |
| [ ]  Degree | Subject:  |        |
| [ ]  Foundation degree | Subject:  |        |
| [ ]  HNC/D | Subject:  |        |
| [ ]  N/SVQ | Subject:  |       | Level: |        |
| [ ]  Other | Subject:  |       | Level: |        |
| University/college studied at: |        |
| Date of qualification: |   /  /     | [ ]  I enclose proof of attainment, including the units/modules passed |

# SECTION C – Profile candidate

Please tick appropriate box

[ ]  profile type A [ ]  profile type B\* [ ]  profile type C\*

\*mandatory if self-employed — see Guidance to members offering/providing architectural advice or services

I agree to register my practice, by returning the *Practice Profile Form* for profile candidates and to attain approval of my business stationery, together with evidence of holding current professional indemnity insurance.

|  |  |
| --- | --- |
| Membership number (if relevant): |       |
| Number of years’ relevant practical experience: |        |
| Professional qualification(s) (if any): |        |

Academic qualifications

Please tick appropriate box

|  |  |  |
| --- | --- | --- |
| [ ]  Doctorate | Subject:  |        |
| [ ]  Masters | Subject:  |        |
| [ ]  Postgraduate cert/dip | Subject:  |        |
| [ ]  Honours degree | Subject:  |        |
| [ ]  Degree | Subject:  |        |
| [ ]  Foundation degree | Subject:  |        |
| [ ]  HNC/D | Subject:  |        |
| [ ]  N/SVQ | Subject:  |       | Level: |        |
| [ ]  Other | Subject:  |       | Level: |        |
| University/college studied at: |        |
| Date of qualification: |   /  /     | I enclose proof of attainment, including the units/modules passed |

# SECTION D – CPD compliance *(all applicants seeking TCIAT and MCIAT re-entry)*

In order to confirm that during the time you were not a member you maintained both your technical and professional competence, you are required to complete this section outlining details of the type of CPD activities undertaken whilst inactive. **Please use additional pages if required.**

| **Type of activity** | **Subject area** | **Frequency of activity** | **Approximate dates(if course/seminar)** |
| --- | --- | --- | --- |
| Seminars |       |       |       |
| Training courses |       |       |       |
| In house training |       |       |       |
| Magazines/journals |       |       |       |
| Books |       |       |       |
| Website/email updates |       |       |       |
| Networking events |       |       |       |
| Professional body regional activities |       |       |       |
| Site visits |       |       |       |
| Other |       |       |       |

# Section E – Declaration *(all applicants)*

I submit this form and additional documentation as an accurate record in support of my application for election or re-election to membership of the Chartered Institute of Architectural Technologists. I fully understand the requirements for membership as set

out in the *AT: How to qualify booklet* and the *Code of Conduct*. I agree to accept the decision of the Institute regarding my eligibility for election. If elected to membership, I will abide by the rules and regulations specified in the Institute’s Charter, Byelaws and Regulations\* and agree to abide by the Institute’s *Code of Conduct*, and any other directive issued by CIAT.

I will keep CIAT informed of any change in my circumstances in writing, which may affect my membership. Prior to confirmation of registration, a Member or profile candidate in private practice as sole practitioner, partner, director or LLP member must obtain formal registration with the Institute by completing the *Practice Profile Form*, obtaining approval of their business stationery and providing evidence of current professional indemnity insurance showing expiry date.

*\*Can be found at: ciat.org.uk/en/the\_institute/about-ciat/ciats-charter/Charter\_Regulations.cfm*

**Disclosure – General Data Protection Regulations (GDPR) 2018**

All personal data will be held in accordance with GDPR principles. If you have any queries or requests, please contact membership@ciat.org.uk or refer to the Institute’s Privacy Statement (https://ciat.org.uk/privacy-policy.htm). N.B.

You cannot elect to be excluded from CIAT related mailings (via mail or email).

[ ]  I do **not** wish to receive details about products and services which CIAT believes to be of interest to me.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of applicant: |  | Date: |    /  /      |

# Section F – Referee *(all applicants)*

I am willing to act as referee in support of this applicant as I consider him/her to be suitable for election or re-election to membership. The information on this form is, to the best of my knowledge and belief, correct. I am not related to the applicant.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of referee: |  | Date: |    /  /      |

|  |  |
| --- | --- |
| Name of referee: |        |
| Job title of referee: |        |
| Professional qualification(s) of referee: |       |
| Email of referee: |        |

# Checklist of items to be included with this form

I have completed the following:

[ ]  All appropriate sections of the application form

[ ]  Signed the declaration in Section E

[ ]  Nominated a referree in Section F

[ ]  Enclosed the appropriate fee(s)

[ ]  Enclosed copies of my proof of qualification(s)

[ ]  Enclosed a copy of my current curriculum vitae

[ ]  CIOB/RIBA proof of membership *(if applicable)*

**If applying for Profile Type B or C:**

[ ]  Practice Profile Form for profile candidates

[ ]  Proof of current professional indemnity insurance

[ ]  Business stationery

**If applying for re-entry as a Chartered Member:**

[ ]  Practice Profile Form

[ ]  Proof of current professional indemnity insurance

[ ]  Business stationery

FEES ENCLOSED:

|  |  |  |
| --- | --- | --- |
| £/€ |       | Application fee |
| £/€ |       | Membership subscription |
| £/€ |       | Total amount due *(please make cheques payable to CIAT)* |

|  |  |  |
| --- | --- | --- |
| **Please return this form to:** Membership DepartmentChartered Institute of Architectural Technologists397 City Road,London,EC1V 1NH, UK |  | **For any queries please contact the MEMBERSHIP Department:****T.** +44 (0)20 7278 2206**E.** membership@ciat.org.ukciat.org.uk |