Membership
Application form

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

To apply for membership, you must complete all applicable sections of this application form and provide supporting documentation where applicable.

We aim to process all applications within four weeks and will confirm your membership as soon as possible.

If you are in practice as a sole practitioner, partner, director or LLP member, you must register as either an affiliate or Chartered Architectural Technologist and ensure you practice registration complies with the Code of Conduct. There is a separate affiliate application form to complete, please contact membership@ciat.global for the further information and guidance.

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

Please tick appropriate box

[ ]  Associate member, ACIAT *(Sections A, B, D and E)*

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

[ ]  Fellow Member, FCIAT — if lapsed for less than three years *(Sections A, C, D and E)*

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Class: |        | Registration number: |        | Year lapsed: |       |

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

Please tick appropriate box

[ ]  MCIAT (Chartered Architectural Technologist)[ ]  FCIAT (Fellow Membership)

# Why did you decide to join/re-join CIAT?

Please tick appropriate box

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

[ ]  Recommendation [ ]  Client request [ ]  Company/practice request [ ]  Interest in AT [ ]  Engage with CIAT

[ ]  Support discipline [ ]  Other (please state):

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

|  |  |
| --- | --- |
| Title: Mr/Mrs/Miss/Ms/Dr/Other *(please specify):* |       |
| Surname: |       |
| Forename(s): |       |
| Date of birth: |   /  /     |  |  |
| Address: |       |
|       |
|        | Postcode: |       | Country: |       |
| Telephone: |        | Mobile: |       |
| Email address: |        | Twitter: |        |
| LinkedIn |  |

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 Requirements for Registration CIAT Chartered Practices and Requirements for Registration: CIAT Affiliates in Practice

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

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

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

# SECTION B – Associate membership

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

Academic qualification/s

Please tick all appropriate boxes

|  |  |  |
| --- | --- | --- |
| [ ]  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 – CPD compliance *(all applicants seeking Chartered and Fellow Membership 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 D – 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 *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.

As, required by the Code, I will keep CIAT informed of any change in my circumstances in writing, which may affect my membership.

*\*Can be found at:* https://architecturaltechnology.com/resource/ciat-regulations.html

**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.global or refer to the Institute’s Privacy Statement (https://architecturaltechnology.com/privacy-policy.html).

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 E – Referee *(all applicants)*

I am willing to act as referee in support of this applicant as I consider them 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 declaration in Section D

[ ]  Nominated a referee in Section E

[ ]  Enclosed the appropriate fee(s)

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

[ ]  Enclosed a copy of my current CV

[ ]  Enclosed a copy of formal ID (passport, driving licence)

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

**If applying to re-join and are a sole practitioner, director, partner or LLP member:**

[ ]  Practice Registration Form for Chartered ATs

[ ]  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@ciat.global  |  | **For any queries please contact the MEMBERSHIP Department:****T.** +44 (0)20 7278 2206**E.** membership@ciat.global **W.** architecturaltechnology.com |