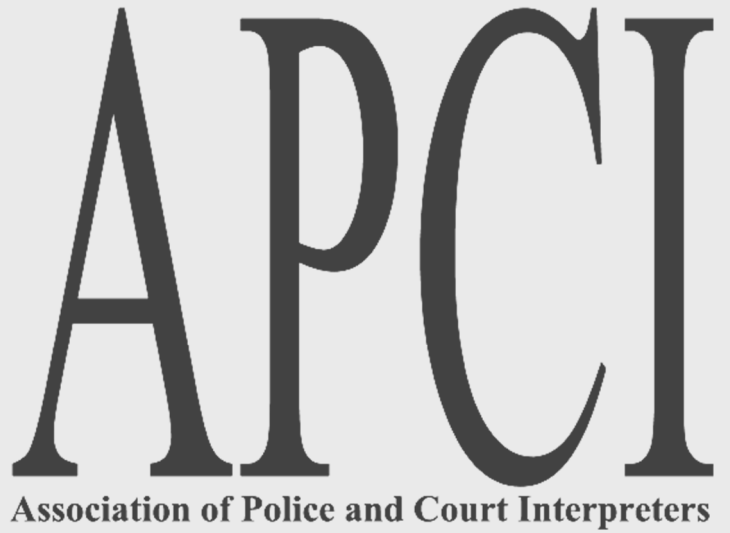


# Membership Application Form



<i>Office Use Only</i>	
Date received	
Acknowledged	
Ref 1 sent	
Ref 2 sent	
Ref 1 received	
Ref 2 received	
Interview date	
A/D/R date	
On database	

## INSTRUCTIONS

Please complete and sign this form, then return it to the address below, together with the following:

1. A copy of your up-to-date CV and copies of relevant supporting documents.
2. Copies of your current security clearance / vetting status documents.
3. The names, addresses and telephone numbers of two referees. One should be a professional person of standing in the community who has known you for at least five years. The other should be somebody for whom you have worked as an interpreter in the legal field, such as a solicitor.
4. Documentary evidence covering a minimum of 100 assignments and 400 hours of interpreting for the Police, Courts and any other law enforcement agency only. This may be either claim forms and/or pay advices, which will be returned to you. **Please note that for these purposes work for Immigration, the Home Office or local authorities does not count.**
5. One recent passport-sized photograph, e-mailed to the Membership Secretary, and a separate photograph enclosed with the application.

## PART ONE: PERSONAL DETAILS

Title	Date of Birth
Surname	First Name(s)
Address	
	Post Code
Home Telephone	Email Address
Office Telephone	Mobile Telephone
Mother Tongue	Nationality

## PART TWO: QUALIFICATIONS

Degree	Institution:	Year:
Degree	Institution:	Year:
Certificate of Bilingual Skills	Language:	Year:
Diploma in Public Service Interpreting (Law)	Language:	Year:
Diploma in Public Service Interpreting (Health)	Language:	Year:
Diploma in Public Service Interpreting (Public Admin)	Language:	Year:
Metropolitan Police Test	Language:	Year:
Diploma in Police Interpreting	Language:	Year:
Diploma in Translation	Language:	Year:
Other:	Institution:	Year:
Other:	Institution:	Year:
Other:	Institution:	Year:

**PART THREE: PROFESSIONAL MEMBERSHIPS**

Are you a Member of any of the following:

- |  |                          |                  |
|--|--------------------------|------------------|
| Institute of Translation and Interpreting (ITI)  | <input type="checkbox"/> | Year of joining: |
| Chartered Institute of Linguists (CioL)          | <input type="checkbox"/> | Year of joining: |
| Association of Sign Language Interpreters (ASLI) | <input type="checkbox"/> | Year of joining: |
| Other ( <i>please specify</i> )                  | <input type="checkbox"/> | Year of joining: |

Are you registered with the National Register of Public Service Interpreters (NRPSI)?

Yes  No

Date of registration (dd/mm/year): \_\_\_\_\_ Registration No: \_\_\_\_\_

	First language	Second language	Third language
Language	_____	_____	_____
Full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rare Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you registered with the National Registers of Communication Professionals working with Deaf People (NRCPD)?

Yes  No

Are any APCI Members known to you? If so, please name two:

Name \_\_\_\_\_ Telephone number \_\_\_\_\_

Name \_\_\_\_\_ Telephone number \_\_\_\_\_

**PART FOUR: PROFESSIONAL EXPERIENCE**

Do you work full time as a translator/interpreter? Yes / No

How long have you been working as a translator/interpreter? \_\_\_\_\_

For which work providers have you worked regularly during the last three years?

- |   |                          |
|---|--------------------------|
| Police ( <i>please specify</i> ) _____              | <input type="checkbox"/> |
| _____   | <input type="checkbox"/> |
| Crown Courts ( <i>please specify</i> ) _____        | <input type="checkbox"/> |
| -----   | <input type="checkbox"/> |
| Magistrates' Courts ( <i>please specify</i> ) _____ | <input type="checkbox"/> |
| _____   | <input type="checkbox"/> |
| Probation Service                                   | <input type="checkbox"/> |
| HM Revenue & Customs                                | <input type="checkbox"/> |
| <input type="checkbox"/>                            |                          |
| National Crime Agency                               | <input type="checkbox"/> |
| Crown Prosecution Service                           | <input type="checkbox"/> |
| Solicitors  | <input type="checkbox"/> |

**PART FIVE: SECURITY CLEARANCE**

Do you have leave to work in the United Kingdom? Yes / No / Don't know  
Have you been vetted or security cleared? Yes / No / Don't know  
If yes, to which level? *eg CTC, SC, DV* \_\_\_\_\_  
Who cleared you? *eg MPS, NCA* \_\_\_\_\_  
*Please enclose a copy of your confirmation letter. This will be returned to you.*  
Do you have DBS (previously CRB) clearance? Yes / No / Don't know  
If yes, is it Standard or Enhanced? Standard / Enhanced  
**NB DBS checks are separate and distinct from vetting.**

**PART SIX: FURTHER INFORMATION**

How did you hear of APCI? \_\_\_\_\_  
Have you applied to join on a previous occasion? Yes / No  
Was that application refused or deferred? Refused / Deferred / Don't know  
What do you understand to be the reason(s)? \_\_\_\_\_  
Why do you wish to join APCI? \_\_\_\_\_  
\_\_\_\_\_

Please let us know if you have any of the following experience/skills:

- Committee work     Teaching     Accounts/bookkeeping     Desk top publishing
- Event management     Lecturing     Sage Accounting     Microsoft Publisher
- Charitable work     DPSI Training     Secretarial skills     Adobe InDesign
- Fundraising     Microsoft Excel     Website design     Adobe Photoshop
- Public speaking     MS Power Point     Database management     \_\_\_\_\_

**PART SEVEN: DECLARATION**

1. I declare that the information on this form is true and accurate to the best of my knowledge and belief and I tender it in support of my application. I enclose the items required as detailed above.
2. I consent to the data controller, APCI, holding and processing my personal data or allowing such data to be processed on its behalf by a partner organisation for the purpose of the administration of my membership and the provision to me of member services.
3. I consent to the data controller, APCI, using my personal data to send me electronic communications for the purpose of the administration of my membership and the provision to me of member services.
4. I consent to the data controller, APCI, processing my personal data by displaying them on its electronic directory while I remain a member. I understand that the e-Directory is publicly accessible and is not password-protected.
5. I consent to the data controller, APCI, allowing my personal data to be processed on its behalf by a third party service provider for the purpose of contacting me in relation to actual or potential assignments in the languages in which I am qualified while I remain a member.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form to:  
The Membership Secretary, APCI, Davenport House, 16 Pepper Street, London E14 9RP**