**Application form for CIOL Membership**

Before completing this form, please ensure you have read the document ‘Admissions Criteria for Membership’ and the ‘Guidance Notes to Applicants’ available from [www.ciol.org.uk](http://www.ciol.org.uk). If you are also seeking chartership (Member applicants only) you should also read the document ‘Admissions Criteria for Chartership’ also available from [www.ciol.org.uk](http://www.ciol.org.uk).

Please complete all sections in full.

**1 Membership grade**

I am applying for:

 [ ]  Career Affiliate [ ]  Associate (ACIL)

 [ ]  Member (MCIL) [ ]  Member (MCIL) + Chartered Linguist (CL)

*Please do not use this form for FCIL applications. There is a separate form ‘Application for Fellowship’ on the CIOL website.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2** **Have you previously been a member of CIOL?** [ ]  Yes [ ]  No

 If yes, please state your grade:

[ ]  Student [ ]  Associate [ ]  Member [ ]  Fellow

Membership number (if known): Click here to enter text.

Year joined: Click here to enter text. Year of cessation: Click here to enter text. (if known)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3 Name**

Surname/family name: Click here to enter text.

 Forename(s)/given name(s): Click here to enter text.

 Title: Mr / Mrs / Ms / Miss / \*Dr / \*Other(s): Click here to enter text.

 \*Designations: Click here to enter text.

\***Evidence required:** please provide documentary proof, eg scanned copy of your certificate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4 Address**

No/Building/Street: Click here to enter text.

Street: Click here to enter text.

Town: Click here to enter text.

County/Province: Click here to enter text.

Postcode: Click here to enter text.

Country: Click here to enter text.

**5 Contact details:**

Work tel: Click here to enter text.

Home tel: Click here to enter text.

Mobile: Click here to enter text.

Email (required): Click here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6** **Date of birth** (DD/MM/YYYY): Click here to enter text.

Place of birth: Town: Click here to enter text.

Country: Click here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7 Nationality/nationalities:** Click here to enter text.

Click here to enter text.

Previous nationality: Click here to enter text.

Year of nationality change: Click here to enter text.

**Note:** If you have changed your nationality or have dual nationality and you wish to provide more information to support your application please submit a brief statement on a separate sheet of paper, marked ‘Section 7 Nationality.’

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8 Mother Tongue (native language)**

 Language: Click here to enter text.

 Variety: Click here to enter text.

Language: Click here to enter text.

 Variety: Click here to enter text.

**Evidence required**: If you consider yourself bilingual, please state where, when and how you learnt each language, including home, environment, residence and education. Please submit on a separate sheet of paper, marked ‘Section 8 Languages’. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9 Principal language/s used professionally**(language/s in which you are seeking admission)

Language: Click here to enter text.

 Variety: Click here to enter text.

Language: Click here to enter text.

 Variety: Click here to enter text.

Language: Click here to enter text.

 Variety: Click here to enter text.

Language: Click here to enter text.

 Variety: Click here to enter text.

**10 Qualifications** including IoL Educational Trust (IoLET) awarded qualifications

Please list all post-secondary (post-high school) qualifications you feel are relevant to support your application.

**Evidence required**: Please provide a scanned copy of your qualification/award certificate plus a full transcript of results (as applicable). Please continue on a separate sheet of paper if necessary, clearly marked ‘Section 10 Qualifications’.

From (MM/YYYY): Click here to enter text. To (MM/YYYY): Click here to enter text.

Course: Click here to enter text.

Institution: Click here to enter text.

Qualification awarded: Click here to enter text.

Date awarded: Click here to enter text.

Language(s) Click here to enter text.

From (MM/YYYY): Click here to enter text. To (MM/YYYY): Click here to enter text.

Course: Click here to enter text.

Institution: Click here to enter text.

Qualification awarded: Click here to enter text.

Date awarded: Click here to enter text.

Language(s) Click here to enter text.

From (MM/YYYY): Click here to enter text. To (MM/YYYY): Click here to enter text.

Course: Click here to enter text.

Institution: Click here to enter text.

Qualification awarded: Click here to enter text.

Date awarded: Click here to enter text.

Language(s) Click here to enter text.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**11 Other professional memberships/registrations** (relevant to professional language use)

**Evidence required**: Please provide proof of membership, eg scanned copy of membership receipt.

Institution/Body: Click here to enter text. Year admitted: Click here to enter text.

Membership category: Click here to enter text.

Method of admission (by exam, election, etc): Click here to enter text.

Language pair: Click here to enter text.

Institution/Body: Click here to enter text. Year admitted: Click here to enter text.

Membership category: Click here to enter text.

Method of admission (by exam, election, etc): Click here to enter text.

Language pair: Click here to enter text.

Institution/Body: Click here to enter text. Year admitted: Click here to enter text.

Membership category: Click here to enter text.

Method of admission (by exam, election, etc): Click here to enter text.

Language pair: Click here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**12 Professional practice**

**Evidence required**: All applicants – please attach an up-to-date CV.

You must be in current professional practice or intending to work in one or more of the following specialisations – please tick all that apply:

[ ]  Translation

[ ]  Interpreting

[ ]  Foreign language teaching

[ ]  Coordination or management of foreign languages at secondary level or in university language departments or language centres

[ ]  Teaching translation/interpreting

[ ]  Sustained, frequent use of foreign languages in business, industry, the professions (eg law, engineering, accountancy) or government

[ ]  Translation/interpreting project management or equivalent in other areas of language services

Other: please give details Click here to enter text.

**Career Affiliate applicants**

If you are working as a linguist but do not yet have the requisite experience or level of qualification to apply as an Associate member (ie a degree level qualification in your non-native language and one year’s experience) please provide a brief summary of your work experience to date on a separate sheet of paper clearly marked ‘Section 12 Professional Practice’.

If you are not yet working as a linguist but intend to, please tick here [ ]  and move to section 13.

**Associate applicants**

You must have at least one year’s work experience, working not less than 120 days in total within the last 12 months.

**Member applicants**

You must have at least three year’s work experience, working not less than an average of 120 days each year for the last three years.

**Evidence required** Please provide a statement on a separate sheet clearly marked ‘Section 12 Professional Practice’ which details your professional practice.

Please include the nature (eg legal translations) and volume of work. Please indicate the average number of words translated per month, or hours spent interpreting or teaching per month plus anything else you feel will support your application eg time spent proof reading or on project management.

If you are an employed linguist, eg teacher, lecturer, language specialist such as an in-house translator), please provide details of employment:

Job title: Click here to enter text.

Name of organisation: Click here to enter text.

Address: Click here to enter text.

Date employed: From: Click here to enter text. To: Click here to enter text.

Job title: Click here to enter text.

Name of organisation: Click here to enter text.

Address: Click here to enter text.

Date employed: From: Click here to enter text. To: Click here to enter text.

Job title: Click here to enter text.

Name of organisation: Click here to enter text.

Address: Click here to enter text.

Date employed: From: Click here to enter text. To: Click here to enter text.

**Note**: If currently employed, please include your current employer as one of your referees (see section 15).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**13 Further information**

On a separate sheet of paper, please supply further information which you feel may support your application for membership. This section is limited to 250 words.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Career Affiliate** applicants can now proceed to Section 16.

**Associate** applicantsand **Member** applicants (who do not wish to seek chartership) should now move onto Section 15.

**Member** applicants who wish to be considered for chartership should now complete Section 14.

**14 Member applicants seeking chartership (chartership is optional)**

You may also be eligible to register as Chartered Linguist if you have been in regular professional practice for at least five years and you hold a degree level language qualification (or specialist qualification e.g. Masters in Translation or Diploma in Public Service Interpreting) and you are committed to Continuing Professional Development. Please refer to the document Admissions Criteria for Chartership available from www.ciol.org.uk

**Evidence required**:

* CPD record covering the last two years (normally a minimum of 30 hours in total)
* A reflective statement which details what you have learned through your CPD activities and how you have applied your learning to your professional practice (up to 500 words)
* A forward CPD plan covering the next 12 months

Please supply the above on a separate sheet(s), clearly marked Section 14.

If your registration for chartership is successful, please indicate which of the following designations you wish to use (you can select more than one):

[ ]  CL (Translator) [ ]  CL (Education)

[ ]  CL (Interpreter) [ ]  CL (Language Specialist)

(You can also use the designation Chartered Linguist or CL – please refer to the document Admissions Criteria for Chartership for more details, available from www.ciol.org.uk)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**15 Referees**

**Note**: Referees are required only for Associate and Member applications.

Please supply two referees for each language in which you are seeking admission to CIOL. You can use the same referee for more than one language.

1. Name: Click here to enter text.

Address: Click here to enter text.

Tel: Click here to enter text.

 Email: Click here to enter text.

Position/Organisation: Click here to enter text.

Relationship to the referee: Click here to enter text.

1. Name: Click here to enter text.

Address: Click here to enter text.

Tel: Click here to enter text.

 Email: Click here to enter text.

Position/Organisation: Click here to enter text.

Relationship to the referee: Click here to enter text.

1. Name: Click here to enter text.

Address: Click here to enter text.

Tel: Click here to enter text.

 Email: Click here to enter text.

Position/Organisation: Click here to enter text.

Relationship to the referee: Click here to enter text.

1. Name: Click here to enter text.

Address: Click here to enter text.

Tel: Click here to enter text.

 Email: Click here to enter text.

Position/Organisation: Click here to enter text.

Relationship to the referee: Click here to enter text.

If you need to add further referees, please continue on a separate sheet. Please ensure the persons named are willing to act as a referee.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**16 CIOL Divisions**

CIOL members can join one or more of four specialist divisions. By ticking the box you are agreeing to receive information directly from that division.

[ ]  Education (not currently active) [ ]  Interpreting

[ ]  Business, Professions and Government [ ]  Translation

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**17 Declaration**

[ ]  I confirm that I have read the terms and conditions of membership.

[ ]  I confirm that I have read the admissions criteria for membership and, if applicable, chartership and I confirm that to the best of my knowledge the information I have supplied to support my application is true and accurate. I also agree to provide clarification and further information if required by CIOL.

[ ]  On admission to CIOL I consent to my details being available via the Member Check service on the CIOL website and (if applying for chartership) on the register of Chartered Linguists.

[ ]  I confirm that I will abide by CIOL’s Code of Professional Conduct.

[ ]  I confirm that I have no disciplinary complaints outstanding or upheld. If upheld please give details on a separate sheet of paper.

[ ]  I confirm that I have no unspent criminal conviction(s) as defined under the Rehabilitation of Offenders Act. I agree to notify CIOL should my circumstances change and I understand that that this may affect my membership and chartered registration (if applicable).

Signed (typewritten is acceptable):

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**18 Where did you hear about CIOL?**

[ ]  CIOL website

[ ]  Current member

[ ]  Friend

[ ]  Colleague

[ ]  Work

[ ]  Publication (please specify) Click here to enter text.

[ ]  University (please specify) Click here to enter text.

[ ]  Exhibition (please specify) Click here to enter text.

[ ]  Other (please specify) Click here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Checklist**

[ ]  I have paid the £25.00 assessment fee. If you have not yet paid, please go online ([www.ciol.org.uk/assessment-fee](http://www.ciol.org.uk/assessment-fee)) to pay now or call the membership team on +44 (0) 20 7940 3146 – your application will not be considered until the assessment fee has been received.

[ ]  I have completed the application in full and signed the declaration in section 17.

I have included the following to support my application **(where applicable)**:

[ ]  Proof of designations

[ ]  Evidence that I am bilingual

[ ]  Proof of qualifications held including transcript of results

[ ]  Proof of other professional memberships (relevant to using my languages in a professional context)

[ ]  Details of my professional practice, including an up-to-date CV

**MCIL applicants also seeking chartership**:

[ ]  CPD record for the last 2 years

[ ]  Reflective statement (c. 500 words)

[ ]  12-month forward plan based on CPD reflection from previous year(s) CPD

**What happens next?**

CIOL will:

* check we have received your £25.00 assessment fee;
* send you an acknowledgement email to confirm receipt of your application;
* assess the evidence you have provided;
* request further details/clarification if required;
* the CIOL Applications Committee meets regularly throughout the year to discuss applications which do not meet the criteria. If your application is referred to the Committee you will be notified. Committee dates are on the CIOL website.

 We ask applicants to:

* ensure they have completed the form in full;
* ensure they have gathered all the evidence required and submitted it with the form;
* ensure they have paid the £25.00 assessment fee;
* notify their referees;
* send completed form and supporting evidence by email to membershipteam@ciol.org.uk or by post to Membership, CIOL Dunstan House, 14a St Cross Street, London EC1N 8XA

Data protection statement

The information provided by the applicant will be used by CIOL to assess eligibility for membership and chartership (if applicable). On admission to CIOL, the information supplied will be used by CIOL to create a membership record and will be used to manage your membership and fulfil the benefits and services you expect as a member of CIOL. This may involve sharing your data with third party organisations to ensure you receive all benefits of membership e.g. your correspondence address will be passed to a third party mailing house which will despatch The Linguist, CIOL’s professional journal. Your data will not be sold or shared with any other third party without your consent.