

Application Form for Professional Membership

Deadline for receipt of applications: 5 pm on Friday, 29 November 2024 by email

(Please read the document *ATII Professional Membership application procedure* carefully before completing this form)

I am applying under the following (please tick **ONE** of the following **ONLY**)

() I have a primary degree or postgraduate qualification in translation and/or interpreting awarded by an Irish third-level institution or similar foreign institution recognised by the Irish Translators' and Interpreters' Association

OR

() I have been an Associate member of the ATII for a minimum of 3 years

I attended the compulsory PM information webinar on Saturday, 16 November 2024: Yes () No ()

Title (Dr/Mr/Mrs/Ms/other):	First name:	Surname:
Address:		
Mobile number:	Email address:	Website:
Date and place of birth:	Nationality:	Mother tongue(s):
Full title(s) in English of my qualification(s) (Undergraduate, Postgraduate, etc.) and country where awarded:		
I am a member of the ATII: Yes () No ().		
I am a member of another association: Yes () No (). If yes, please provide name of association and category:		
Current occupation:		

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<p>I am a:</p> <p>Translator () Interpreter () Translator and Interpreter () Freelance () Staff ()</p> <p>If Staff, please provide the name of your current/most recent employer and the duration of your employment:</p>	<p>I work:</p> <p>Full-time () Part-time ()</p> <p>Please indicate the type of proof of experience you are supplying with this application (employment contract, POs, invoices, tax returns, etc.):</p>
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<p>I would like to be assessed in the following language combination(s). At least 1 of the languages must be 1 of the official languages of Ireland (English or Irish):</p> <p>Source language: _____ Target language: _____</p> <p>I would like to be assessed in the following area of specialisation (please tick 1 of the following):</p> <p>Business/Finance (); Technology/Engineering (); Medical/Pharmaceutical (); Legal (); Literary/academic ().</p>
<p>I would like to be assessed in the following language combination(s). At least 1 of the languages must be 1 of the official languages of Ireland (English or Irish):</p> <p>Source language: _____ Target language: _____</p> <p>I would like to be assessed in the following area of specialisation (please tick 1 of the following):</p> <p>Business/Finance (); Technology/Engineering (); Medical/Pharmaceutical (); Legal (); Literary/academic ().</p>
<p>Please note: Where the target language is not the candidate's native language, it must be the language of habitual use and of 'near-native' level.</p>
<p>The Professional Membership Examination will take place on</p> <p style="text-align: center;">Friday, 14 February 2025 (language combinations out of English) and</p> <p style="text-align: center;">Saturday, 15 February 2025 (language combinations into English).</p> <p>I am available to take the examination on the date/dates specified above: Yes () No ()</p> <p>Please note: The examination dates are fixed and cannot be changed.</p>

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All applications must be accompanied by:

- Completed application form including
 - Proof of relevant qualification(s)
 - Proof of relevant experience
 - Summary of professional experience incl. client details (see page 4)
 - Contact details of 2 professional referees (see page 5)
 - Signed declaration (see page 6).
- Full CV
- Non-refundable administration fee (€60 or €30 as applicable)
- Statement of your reasons for wishing to become a Professional member of the ATII

Please indicate date of payment of the €60 administration fee (€30 for ATII members): _____

(ATII bank details: <https://www.atii.ie/membership/membership-fees/> .

Please include the payment reference "Your Surname + PM". Please do not send any other fee at this time.

The deadline for receipt of applications for Professional Membership of the ATII is

5 pm, Friday, 29 November 2024

by email to info@atii.ie

Please note that incomplete applications or applications received after the deadline will not be considered. The onus is on the applicant to ensure that the application includes all necessary supporting documentation and information. All times and dates are Irish.

If my application is successful, I consent to the ATII keeping my application on record and including my details on the online database for the duration of my membership.

I declare that the information provided by me with this application is true and accurate.

I have read, understood and I accept the procedure as set out in the document *ATII Professional Membership application procedure*.

Signature: _____ Date: _____

The ATII Professional Membership Sub-Committee reserves the right to modify, delete or add to any aspect of the application procedure.

The final decision on approval as a Professional Member of the ATII lies with the ATII Professional Membership Sub-Committee



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Summary of Professional Experience – Main Clients*

Total years of professional experience:

Dates		Client / contact email	Working language(s)		Total word count / line count / hours / days
From	To		From	Into	

* Summary of professional experience may be a combination of translation and interpreting work

Please note: proof of professional experience has to be provided separate to the above list

I declare that the above information is correct.

Signature: _____ Date: _____



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Professional Referees*

First Referee

Name:

Organisation:

Address:

Telephone/Mobile nos.:

Email:

Professional relationship

Second Referee

Name:

Organisation:

Address:

Telephone/mobile nos.:

Email:

Professional relationship

*Please ensure that the 2 referees named above are aware that they will be contacted by the ATII.
Professional referees may not be friends, colleagues or family members.