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| --- | --- | --- | --- |
| Applicant details | | | |
| Surname/Last/Family name: | | First names: | |
| Title (Mr/Mrs/Ms etc): | | Date of birth (DD/MM/YY): | |
| 1. **BCS membership** | | | |
| Are you a BCS member No       Please complete all sections  *(the information you provide will be used to assess your application for membership alongside the assessment for CITP registration)*  Yes       BCS Membership number:  Please complete questions 2 and 3 if your details need to be updated.  All applicants must complete sections 4, 5, 7 and 8.. | | | |
| 1. **Home details** | | | |
| Address: |  | |  |
| Town/City: | Postcode: | | Country: |
| Telephone: | Telephone (mobile): | |  |
| Email: | | | |
| 1. **Work details** | | | |
| Service: | Unit title: | |  |
| Unit Address: |  | |  |
| Town/City: | Postcode: | | Country: |
| Telephone: | Telephone (mobile): | |  |
| Email: | | | |
| **Preferred email contact address** | | | |
| Home Work | | | |
| 1. **Application for Chartered IT Professional registration** | | | |
| **Your work experience** | | | |
| Number of years working in IT: ☐ Your current/most recent job title: | | | |
| Your current CV attached\* Experience Statement form attached \*\* | | | |
| \* Your CV needs to include a description of the relevant key tasks and responsibilities for all your IT work experience, including your existing/most recent role, and a summary of all relevant qualifications  \*\* All applicants must complete an Experience statement using the template available [here](http://www.bcs.org/content/ConMediaFile/31415) | | | |

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| 1. **Supporter** | | |
| Please provide contact details for someone who can verify the information given in your Experience Statement. Your supporter should be your manager or senior colleague. If your supporter cannot verify all the information given in your experience statement please provide contact details for further supporters on a separate sheet.  Please obtain the agreement from your supporter(s) before providing their contact details. | | |
| Surname/Last/Family name: | First names: | |
| Title (Mr/Mrs/Ms etc): | BCS membership number: | |
| Relationship to the applicant | Job title: | |
| Address | | |
| Town/City: | Postcode: | Country |
| Telephone | Telephone (mobile): | |
| Email: | | |
| 6 Fees and method of payment | | |
| When your application is received you will be contacted and asked for payment of the appropriate fee.  For the latest fees, please visit <http://www.bcs.org/membership/fees>  If you are not already a BCS member you will also be asked to pay the subscription fee for Chartered Professional Membership.  Current members will not need to make any additional membership payment until their next membership renewal date | | |
| **7 How we use your data at BCS** | | |
| We’ll store your basic personal information, such as your name and email address, so we can process your application and communicate with you about your membership and registration. This includes welcome communications, and information about accessing and getting the most from your membership and registration, as well as information about your renewal.  We’ll always keep your information safely and never pass it to a third party without your permission. Full details of our data protection and privacy policies are available online at [bcs.org/privacy](https://www.bcs.org/category/5655).  **Public CITP register**  Please let us know here if you would like to appear on our [public register](http://wam.bcs.org/wam/memberdirectory.aspx) of CITP members – the register displays your name only and does not include contact details.  **Would you like to appear on the public register of CITP members?**  **Yes No**  **Marketing preferences**  We're involved in a wide range of activities in the BCS Group, driven by our royal charter and our purpose to make IT good for society. If you’d like to know more about these, as a member you can log in to [MyBCS](https://mybcs.bcs.org/) and tell us your marketing preferences | | |
| **8 Declaration** | | |
| I wish to apply for registration as a Chartered IT Professional and membership of BCS, The Chartered Institute for IT. I confirm that, if accepted I will be governed by the Society’s Charter, Bye-Laws and Regulations from time to time in force. I will maintain the dignity and welfare of the Society, conduct myself honourably in the practice of my profession and will abide by its Code of Conduct from time to time in force | | |
| **Signature: Date:** | | |
| **9 Submitting your application** | | |
| You should submit this application form with accompanying documents in accordance with your unit’s process.  Following initial assessment your application will be sent by your Unit Registration Co-ordinator to BCS, The Chartered Institute for IT. | | |