



PROFESSIONAL QUALIFICATIONS

FTI

APPLICATION FOR THE FELLOWSHIP OF THE TEXTILE INSTITUTE

For Office use only

Date Received:	Membership No:
Current Grade:	Application No:

BEFORE COMPLETING THIS FORM, PLEASE READ THE ACCOMPANYING FTI REGULATIONS

Please type, word process or write clearly using black ink when completing this form, since it will be photocopied. PLEASE COMPLETE EACH RELEVANT SECTION IN FULL (CVs should only be attached as supporting evidence). Applicants are advised to send a copy of the first five pages of the completed form to each referee.

1. Personal details

Surname/Family Name and Title (Mr, Mrs, Ms, Dr etc):	Forenames:
Date of Birth:	Age:
Address for Correspondence:	Residential Address (if different):
Telephone No: Fax No: Email:	

2. Present Occupation

Job Title:	Date of Appointment to Present Post:
Name and Address of Employer:	Telephone No: Fax No: Email:

3. Current Professional Responsibility

Please give a brief description of the nature of your work and the extent of your current responsibilities

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4. Previous Posts or Changes in Job Title or Responsibilities

Name and Address of Company/Organization	Job Title	Dates	Nature of Work and Responsibilities

4. Previous Posts Continued

Name and Address of Company/Organization	Job Title	Dates	Nature of Work and Responsibilities

5. Education

Please give details of further and /or higher education (including professional qualifications) and enclose copies of relevant certificates.

Institution (University, College, etc) and Awarding Body (if different)	Courses Taken	Degrees, Diplomas or Certificates obtained including Class/Grade	Date of Award

6. Grounds on which your application is based

ALL APPLICANTS: Please identify clearly the nature of your **PERSONAL CREATIVE CONTRIBUTION**, as required under Regulation 3, and specify the appropriate evidence in support of your application.

APPLICANTS WHO ARE NOT ALREADY ASSOCIATES: In addition, please give details of your training and knowledge of textiles* to Associateship level (if not listed under Item 5, Education).

**See 'Scope of the Textile Institute' in the Regulations*

6. Grounds on which your application is based Continued

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7. Referees

Please give the names of three people who should preferably be Chartered Members of the Textile Institute. Not more than one may be a current colleague.

Name	FTI/ATI or other qualifications	Address
		Fax No: Email:
		Fax No: Email:
		Fax No: Email:

