



IRISH TRANSLATORS' AND INTERPRETERS' ASSOCIATION
CUMANN AISTRITHEOIRÍ AGUS ATEANGAIRÍ NA HÉIREANN

Application Form for Professional Membership

Deadline for receipt of applications: 5 pm on Friday, 24 November 2023 by email

(Please read the document *ITIA 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 ITIA for a minimum of 3 years

I attended the compulsory Professional Membership information webinar on (date): _____

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:		
If you are a member of the ITIA, please state category and date you joined:	If you are a member of another association, please provide the name of the association and category:	
Current occupation:		
I am a: Translator () Interpreter () Translator and Interpreter () Freelance () Staff () If Staff, please provide the name of your current/most recent employer and the duration of your employment:	I work: Full-time () Part-time () Please indicate the type of proof of experience you are supplying with this application (employment contract, POs, invoices, tax returns, etc.):	

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I would like to be assessed in the following language combination. At least 1 of the languages must be 1 of the official languages of Ireland (English or Irish):

Source language:

Target language:

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.

I would like to be assessed in the following area of specialisation (please tick **1** of the following):

Business/Finance (); Technology/Engineering (); Medical/Pharmaceutical (); Legal ()

The Professional Membership Examination will take place on

Friday, 23 February 2024 (language combinations out of English) and

Saturday, 24 February 2024 (language combinations into English).

I am available to take the examination on the date/dates specified above Yes () No ()

Please note: The examination dates are fixed and cannot be changed.

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 ITIA

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

(ITIA bank details: <https://www.translatorsassociation.ie/itia-membership-fees/> . Please note: Payment by PayPal is not possible at the moment.)

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



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Please note that each language combination requires a separate application form (pages 1 to 3). However, it is sufficient that 1 set of supporting documents, 1 signed declaration and 1 registration fee be submitted in this case.

The next deadline for receipt of applications for Professional Membership of the ITIA is

5 pm, Friday, 24 November 2023

by email to info@translatorsassociation.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 ITIA 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 *ITIA Professional Membership application procedure*.

Signature: _____ Date: _____

***The ITIA 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 ITIA lies with the
ITIA Professional Membership Sub-Committee***



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Summary of Professional Experience – Main Clients*

Total years of professional experience:

Dates		Client / contact email	Working languages		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 ITIA.
Professional referees may not be friends, colleagues or family members.



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Declaration

I, (name in BLOCK CAPITALS) _____

have read and understood the

- Constitution of the Irish Translators' & Interpreters' Association
- ITIA Code of Practice and Professional Ethics,
- ITIA Internal Code of Conduct,
- ITIA Code of Ethics for Community Interpreters (where applicable)
- Logo Policy
- Data Privacy Policy
- Cookies Policy

and I hereby agree to abide by them on becoming a Professional Member.

Signature: _____

Date: _____