

# SITA

## Scottish Interpreters & Translators Association

E-mail: [messageSITA@gmail.com](mailto:messageSITA@gmail.com)

Website: [www.si-ta.yolasite.com](http://www.si-ta.yolasite.com)

### REGISTRATION FORM YEAR ENDING: 31 AUGUST 2012

Please use **BLOCK CAPITALS**

| Personal Details  |                  |
|---|------------------|
| Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other: _____  | Address: _____   |
| Surname: _____  | Postcode: _____  |
| First Name/s: _____   |                  |
| Date of Birth: <i>dd/mm/yyyy</i> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                  |
| Nationality: _____  | Telephone: _____ |
| Mother Tongue: _____  | Mobile: _____    |
| E-Mail Address: _____   |                  |

| Qualifications                |             |              |
|-------------------------------|-------------|--------------|
| Degree/s (BA, MA, MSc etc...) | Institution | Year Awarded |
|                               |             |              |
|                               |             |              |
|                               |             |              |

Please indicate whether you hold any of the following professional qualifications:

|                               |               |                                    |              |
|-------------------------------|---------------|------------------------------------|--------------|
| DPSI <input type="checkbox"/> | Option: _____ | Dip Trans <input type="checkbox"/> | Other: _____ |
|-------------------------------|---------------|------------------------------------|--------------|

| Membership of Professional Bodies |  |  |  |  |
|-----------------------------------|--|--|--|--|
|-----------------------------------|--|--|--|--|

Please indicate whether you are a member of any of the following professional bodies:

|                              |                              |                               |                                |              |
|------------------------------|------------------------------|-------------------------------|--------------------------------|--------------|
| ioL <input type="checkbox"/> | ITI <input type="checkbox"/> | APCI <input type="checkbox"/> | NRPSI <input type="checkbox"/> | Other: _____ |
|------------------------------|------------------------------|-------------------------------|--------------------------------|--------------|

| Work Experience |            |                    |                     |
|-----------------|------------|--------------------|---------------------|
| Type of Work    | Language/s | Specialist Field/s | Years of Experience |
| Interpreting    |            |                    |                     |
| Translation     |            |                    |                     |

| Additional Information |
|------------------------|
|------------------------|

Do you have a Disclosure Scotland (Enhanced)? YES  NO

How did you hear about SITA? \_\_\_\_\_

### DECLARATION

I declare that the information given on this form is correct to the best of my knowledge and belief.  
I confirm that I will not divulge any information to third parties which may harm SITA's business and status.  
I have read and understood the SITA code of conduct for individual members and hereby agree to abide by it.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

If you require a receipt for your membership fee please tick here

If you **DO NOT** wish your details to be passed on by SITA to other reputable organisations/prospective employers please tick here

|                        |       |
|------------------------|-------|
| <b>Office Use Only</b> |       |
| Membership No:         | _____ |
| Acknowledged           | _____ |
| Fee Received           | _____ |