

# THE INSTITUTE OF TRAFFIC ACCIDENT INVESTIGATORS

Application:  <b>MEMBER</b>  (MITAI)		This form and all supporting documents should be submitted to:  Grades Assessment Secretary PO Box 16057 Solihull West Midlands B93 3GL
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<b>Part A      Personal details to be completed by all applicants in BLOCK CAPITALS</b>	
Full Name: _____	Membership No: _____
Title: _____ Qualification Letters: _____	Date of Birth: _____
Address: _____	
_____ Country: _____	Post / Zip Code: _____
Occupation: _____	
Employer: _____	
Tel (H): _____ Tel (W): _____ Tel (M): _____	
E-mail address: _____	Fax: _____

<b>Part B      I hereby apply for the grade of Member (MITAI)</b>	
I declare that I have read and fully understand the 'Rules for Grading' and procedures governing my application for the grade of Member. The statements I have made in this application are true and I am prepared to verify them if required to do so.	
I undertake:	
1. To observe the provisions of the Memorandum and Articles of Association and all rules made there under,	
2. To pay to the Institute of Traffic Accident Investigators during my membership, such fees and annual subscriptions as the Council of Management shall from time to time prescribe,	
3. Not to use Affiliation as a qualification in any circumstances.	
Signed: _____	
Name: _____	
<b>I enclose a cheque payable to ITAI in the sum of £ _____ Great British Pounds, which represents the Registration Fee, Annual Subscription for Affiliate Member (if applicable) and the grade assessment fee. (See separate form 'Grades and Fees' for current fee rates)</b>	
<b>I wish to pay by:</b> <i>(Please Tick)</i> <b>Master Card</b> <b>Visa</b> <b>Visa/Delta</b>	
<b>Card No:</b> _____	<b>Expiry Date:</b> _____
<b>Signed:</b> _____	
<b>N.B. A surcharge of 5% will be added for credit card payments</b>	

**Part C Sponsorship details**

**If possible, at least one sponsor to be a full member of ITAI.  
Further information can be obtained from the Grades Assessment Team Secretary**

Name: \_\_\_\_\_ Membership No: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Tel (H): \_\_\_\_\_ Tel (W): \_\_\_\_\_ Tel (M): \_\_\_\_\_

Name: \_\_\_\_\_ Membership No: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Tel (H): \_\_\_\_\_ Tel (W): \_\_\_\_\_ Tel (M): \_\_\_\_\_

**Attach sponsorship forms**

**Part D List any of your qualifications that you consider may assist your application**

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**Part E List your accident investigation experience and practice during the last two years (or longer if applicable).**

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**Also include your CPD portfolio for the last two years**

**Part F Please supply a list of ten cases you have dealt with within the last three years, which you consider suitable to be assessed in support your application.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**The Secretary to the Grades Assessment Team will select two (2) files from this list and write to inform you which have been selected, in order that you can provide the files for assessment and the accompanying essay. The files should contain all the evidence considered by you in the preparation of your report.**

**OFFICIAL USE ONLY**

Date received: \_\_\_\_\_ Registration fee: \_\_\_\_\_ Full status fee: \_\_\_\_\_  
Paid by: \_\_\_\_\_ Affiliation Date: \_\_\_\_\_  
Remarks: \_\_\_\_\_

**Note: This form is designed to be completed electronically or handwritten. If used electronically, all the boxes will expand to allow the author to include sufficient detail and the lines following each question can be deleted.**

**The Institute of Traffic Accident Investigators provides a means for communication, education, representation and regulation in the field of traffic accident investigation.**

**Registered Office: Column House, London Road, Shrewsbury SY2 6NN.**

**Registered in England as a company, No: 2753420**

**Registered Charity No: 1014784**