

THE INSTITUTE OF TRAFFIC ACCIDENT INVESTIGATORS

APPLICATION FORM FOR
TRANSFER
TO FULL MEMBERSHIP



FORM AND ALL SUPPORTING DOCUMENTS
TO BE SENT TO:

Grades Assessment Secretary
Acorns, Beck Street, Hepworth,
Diss, Norfolk,
IP22 2PN

PART A – PERSONAL DETAILS TO BE COMPLETED BY ALL APPLICANTS (BLOCK CAPITALS)

APPLICANT'S **FULL** NAME: MEMBERSHIP No

TITLE: QUALIFICATION LETTERS: DATE OF BIRTH:

ADDRESS:

..... COUNTRY: POST / ZIP CODE:

OCCUPATION: (If Police, which Force).....
Private, Firm or Company

TELE (H) TELE (W) FAX

MOBILE E-mail EMPLOYER

PART B

I HEREBY APPLY FOR TRANSFER TO FULL MEMBERSHIP (MITAI)
(Application for transfer may only be made after a period of 2 years as an Affiliate)

I DECLARE THAT I HAVE READ AND FULLY UNDERSTAND THE 'RULES FOR GRADING' AND PROCEDURES GOVERNING MY APPLICATION FOR TRANSFER TO FULL MEMBERSHIP. THE STATEMENTS I HAVE MADE IN THIS APPLICATION ARE TRUE AND I AM PREPARED TO VERIFY THEM IF REQUIRED TO DO SO.

I enclose cheque in Sterling (Payable to ITAI) in the sum of £..... Transfer Administration Fee
(See Separate Form 'Grades and Fees' for current fee rates)

I wish to pay by : (Please Tick) **Master Card** **Visa** **Visa/Delta**

Card No: **Expiry Date** **Signed**

N.B. A Surcharge of 5 % will be added for Credit Card Payments

PART C

SPONSORSHIP DETAILS

NAME MEMBER No.....

ADDRESS

TELE (H) TELE (W) SIGNED

NAME MEMBER No.....

ADDRESS

TELE (H) TELE (W) SIGNED

SPONSORSHIP FORM ATTACHED

Please supply a list of ten (10) cases you have dealt with and 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) from this list, and write to inform which have been selected in order that you can provide the files for assessment. The files should contain all the evidence considered by you in the preparation of your report.