

## Professional Membership Supplementary Information Localisation Language Professional

This form should be filled in by individuals applying for TILP Professional Membership and be supported by two supporting declarations.

### Minimum requirements

Professional membership to TILP is granted to localisation professionals by TILP's Council on application. Applicants have to fulfil, in general, the following minimum requirements:

- (1) Third level degree or equivalent
- (2) Completion of a relevant Professional Development Course run by a TILP approved organization
- (3) Relevant professional experience (minimum of two years)

### Education

From - to	Course name	Organisation	Country	Qualification

### Professional Training

From - to	Course name	Organisation	Country	Qualification

### Experience

Please describe **major** career achievements covering:

Job title:

Period (from – to):

Organisation:

Responsibilities:

- Number of projects
- Number of words per project (average)
- Leadership role
- Team size and location
- Tools and technology used

**The Institute of Localisation Professionals**

78 Iona Road, Dublin 9, Ireland  
**Phone:** +1 (617) 830-1808 USA (East Coast)  
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**Supporting Declarations**

Applications will need to be supported by at least two localisation professionals. These professionals should themselves have a minimum of two years experience in the localisation industry and, preferably, include the current manager and a TILP Professional Member.

**Declaration (1)**  
*I have reviewed the TILP Professional Membership Application prepared by \_\_\_\_\_*  
*I believe that the information provided is accurate and reflects the applicant's experience an expertise.*  
*I agree that I may be contacted in relation to this application.*  
Name (print): \_\_\_\_\_ Position/Company: \_\_\_\_\_  
Email: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Your professional relationship with the applicant (e.g. manager, colleague): \_\_\_\_\_  
Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Declaration (2)**  
*I have reviewed the TILP Professional Membership Application prepared by \_\_\_\_\_*  
*I believe that the information provided is accurate and reflects the applicant's experience an expertise.*  
*I agree that I may be contacted in relation to this application.*  
Name (print): \_\_\_\_\_ Position/Company: \_\_\_\_\_  
Email: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Your professional relationship with the applicant (e.g. manager, colleague): \_\_\_\_\_  
Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**For TILP use only**

•	Recommendation	PMRC / Date	Council / Date
	Accept application		
	Request further information Supporting documentation Further references Interview Other (specify)		
	Recommend re-application within (a) 6 months (b) 12 months areas where further evidence of expertise and experience will be required.		

Reject application

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Certificate issued:

yes  no

Date:

\_\_\_\_\_

Name:

\_\_\_\_\_

Signature:

\_\_\_\_\_