

Professional Membership Supplementary Information Localisation Project Management 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:

- Budget
- Number of projects
- Number of words per project (average)
- Number of languages
- Team size and location

The Institute of Localisation Professionals

78 Iona Road, Dublin 9, Ireland
Phone: +1 (617) 830-1808 USA (East Coast)
+44 (20) 8123-8346 UK (Europe)
Fax: +1 (617) 231-0585
E-mail: info@tilponline.org
Website: www.tilponline.org



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:
