# ATR

# Application form to state your intent to join the

# Shadow Architectural Technologists’ Register (ATR)

*This application and the Registration Authorities receipt of your intent to join the shadow ATR does NOT allow you to promote yourself as a Registrant nor does it allow you to make reference to or claim association with CIAT[[1]](#footnote-1)*

**Personal details**

Title: Mr/Mrs/Miss/Ms/Mx/Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: Male Female

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Forename(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Academic qualification/s and experience**

Number of years’ relevant practical experience:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Academic qualifications** Please tick the appropriate box (or equivalent)

Current student Advanced Certificate

Higher Certificate Higher Diploma

Bachelor Degree Bachelor Degree with Honours

Post Graduate Diploma Masters Degree

Any other qualifications No academic qualification

Please indicate which subject you are studying/have studied

Current employment (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Declaration:**

I fully understand that with the submission of this completed and signed form **I am only stating my intent to pursue Registration onto the ATR.**

In stating my intent to join the ATR I will not misrepresent myself and will not make any statements to imply that I am a Full Registrant on the ATR.

By stating my intent to join the ATR I agree to conduct myself in a manner consistent with that of a professional person by:

* acting with integrity
* acting faithfully and honourably in my professional responsibilities
* having regard to the public interests and to the interests of all affected by my activities.

I will keep the Registration Authority informed of any change in my circumstances in writing, which may affect my intention to register with the Shadow ATR.

If I am a member or affiliate of CIAT and registering my intent to join the ATR I continue to be bound by the CIAT’s Code of Conduct.

***Failure to comply with these obligations will result in my details being removed from the list of those intending to join the ATR.***

Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

**Disclosure**

All personal data will be held in keeping with General Data Protection Regulation principles. NB You cannot elect to be excluded from related mailings (via mail or email).

**Declaration of Referee**

I am a current Chartered, full or Corporate member of a construction related Institute or programme leader of a construction related course and am willing to act as referee in support of this applicant. The information on this form is, to the best of my knowledge, correct. I am not related to the applicant.

Signature of referee: Date: / /

Name of referee:

Job title of referee:

Professional qualification/s of referee:

Email of referee:

Business/Practice/Education establishment address of referee:

**Please return this form to** [atr@ciat.global](mailto:atr@ciat.global) **to register your intent.**

Once the form has been submitted, we will confirm receipt.

**Postal address:** ATR, 83 Amiens Street, Dublin 1, Republic of Ireland **Tel:** 01 8764666

1. Chartered Institute of Architectural Technologists [↑](#footnote-ref-1)