

Section 4 TO BE COMPLETED BY APPLICANTS WITH APPROPRIATE COMPUTING QUALIFICATION(S):

Please list your relevant ICT qualifications and attach copies of your certificate(s). If you are claiming exemption from an ACP qualification, you should identify the exemptions below and complete and attach herewith an 'Application for Exemption' form. {Further details on exemptions and/or an application form are available on request}.

| QUALIFICATION(S) HELD | AWARDING BODY | DATE ATTAINED | COLLEGE ATTENDED |
|--|-------------------|---------------|------------------|
| {*delete as appropriate} Cert. in Info. Technology & Programming* Dip. In Info. Systems Analysis & Design* Advanced Diploma in Computer Science* OR OTHER: {continue on a separate sheet if nec} | ACP ACP ACP | | |

Section 5 TO BE COMPLETED BY APPLICANTS CLAIMING EMPLOYMENT EXPERIENCE:

Please summarise your relevant ICT career history for the past 8 years {or less if applicable} and attach your Curriculum Vitae.

| NAME OF COMPANY | YEAR to YEAR | JOB TITLE, DESCRIPTION & RESPONSIBILITY |
|-----------------|--------------|---|
| | | |

Section 6 MEMBERSHIP OF OTHER BODIES {Please list any other professional bodies of which you are a member}:

| NAME OF PROFESSIONAL BODY | MEMBERSHIP HELD & DESIGNATORY LETTERS | HELD SINCE |
|---------------------------|---------------------------------------|------------|
| | | |

Section 7 TO BE COMPLETED BY THOSE APPLYING FOR PROFESSIONAL MEMBERSHIP:

DECLARATION:

I declare that the above information is true and correct. If accepted for Membership of the Association, I agree to abide by the provisions of the Memorandum & Articles of Association for the time being in force and uphold the Association's Code of Conduct. I agree to pay annual subscriptions to the Association during the period of membership and undertake to return my Certificate of Membership to the Association upon cessation of membership and payment of subscriptions.

Applicant's signature: _____ Date: _____ 20__

Applicant's ACP Membership No.
{only if applicable}

Referee's ACP Membership No.
{if applicable}

This completed application form should be sent to the Membership Secretary at the Association's address {overleaf} together with

- your Registration Fee and 1st year's Annual Subscription {see current ACP Fees List}

If your application is based partly/entirely on ICT qualifications, you should also include

- a copy/copies of your relevant computing qualifications, and, if applicable
- a completed ACP Application for Exemption' form, together with appropriate fees and supporting documents requested therein.

If you are claiming employment experience in support of this application, you should also include:

- a copy of your curriculum vitae
- a letter from your current employer verifying your employment title, skills, responsibilities and duration.

| | | | | | |
|--|--|-------------------------|--|--------------------------------|-----------------------------|
| FOR OFFICE USE ONLY: {please leave boxes blank} | Level applied for: S/P/L/G/A/F Member | Passed to: Date: / / | Level accepted at: S/P/L/G/A/F Member | Exemption attached Yes / No | Entered on system: √ |
| Date rec'd: Accepted: | Rec'd £ | Returned to: | Correct £ due | Exemption Rec'd £ | Cert. typed √ Cert. sent |