



# SASLI MEMBERSHIP APPLICATION FORM

## 1. Contact Details

**Your Full Name** (If you are applying for membership on behalf of an organisation, please give your name and job title. Please fill out the name & address of your organisation in the address section below)

<b>Address</b>	<b>Contact address</b> (we will use this address to contact you if you do not wish to be contacted at your home address)
<b>Post Code</b>	<b>Post Code</b>
<b>Tel</b>	<b>Fax</b>
<b>Mobile/SMS</b>	<b>Email *</b>

\* SASLI regularly contacts members through email as this helps to reduce costs and protect the environment. If you do not give us an email address, we will post or fax information to you.

## 2. Have you been a member of SASLI before? (If yes, please give details below)

<b>Category of membership</b>	<b>Dates (from/to)</b>
<b>Registered Member</b> <input type="checkbox"/>	
<b>Associate Member</b> <input type="checkbox"/>	
<b>Co-opted Member</b> <input type="checkbox"/>	

## 3. Which category of membership are you applying for? (Please read the accompanying notes)

<b>Registered Interpreter</b> <input type="checkbox"/>	<b>Please fill out sections 4 &amp; 5 of the application form &amp; sign the declaration below.</b>
<b>Trainee Interpreter</b> <input type="checkbox"/>	
<b>Non-Practising Interpreter</b> <input type="checkbox"/>	<b>Please fill out section 4 of the application form &amp; sign the declaration below</b>
<b>Student</b> <input type="checkbox"/>	
<b>Individual Supporter:</b> <input type="checkbox"/>	<b>Please complete your application by signing the declaration below.</b>
<input type="checkbox"/> <b>Communication Support Worker</b>	
<input type="checkbox"/> <b>Notetaker</b>	
<input type="checkbox"/> <b>Deafblind Interpreter</b>	
<input type="checkbox"/> <b>Other supporter</b>	
<b>Organisation Supporter</b> <input type="checkbox"/>	

- I give consent for SASLI to circulate my contact details & membership status to interested parties  
 I give consent for SASLI to circulate my contact details & membership status to other SASLI members

I / The organisation that I represent wish(es) to support the work of SASLI, uphold its constitution and will not act to the detriment of the organisation.

Signature:

Date:

**PLEASE ENCLOSE 2 PASSPORT PHOTOS**  
(APPLICANTS FOR ORGANISATIONAL MEMBERSHIP DO NOT NEED TO INCLUDE PHOTOS)



## SASLI MEMBERSHIP APPLICATION FORM

### SECTION 4: Applications for Registered, Trainee, Student or Non-Practising Membership

What is your current occupation? (If you have more than one occupation please give details of both)

<i>Occupation</i>	<i>Occupation Address</i>	<i>Date started</i>	<i>Is this is voluntary, part or full-time or freelance, work?</i>

Interpreter Training (continue on a separate sheet, if necessary)

(Please enclose course certificates and transcripts with your application. SASLI will return these)

<i>Awarding body</i>	<i>Title/Location of course</i>	<i>Date</i>

Other Educational qualifications (continue on a separate sheet, if necessary)

<i>Names of School / College / University</i>	<i>Please give details of qualification (i.e. Certificates, undergraduate, postgraduate etc)</i>	<i>Date</i>

Other professional development training (continue on a separate sheet, if necessary)

<i>Name of course</i>	<i>Provided by whom/where</i>	<i>Date</i>



# SASLI MEMBERSHIP APPLICATION FORM

## SECTION 5: Applications for Registered or Trainee Membership

### References

Please give the names and contact details of 2 people who are willing to comment on your interpreting skills & professionalism.

<b>Name</b>	<b>Name</b>
<b>Address</b>	<b>Address</b>
<b>Post Code</b>	<b>Post Code</b>
<b>Tel</b>	<b>Tel</b>
<b>Mobile/SMS</b>	<b>Mobile/SMS</b>
<b>Fax</b>	<b>Fax</b>
<b>Email</b>	<b>Email</b>

### REGISTERED AND TRAINEE INTERPRETERS MEMBERSHIP DECLARATION

I give consent for SASLI to upload my details to the Find An Interpreter webpage

I declare my adherence to the SASLI Code of Practice and Ethics.

I declare my commitment to maintaining and developing my competence and expertise through continuing education and agree to engage in a programme of Continuing Professional Development of which I will keep an up to date record in accordance with SASLI's Guidelines

Signature

Date

**You will be required to complete an Enhanced Disclosure Scotland check before being accepted for Interpreter Membership. The cost of this is included in the membership fee.**

**Professional Indemnity Insurance is also provided for Registered and Trainee members. You will be required to complete a professional indemnity insurance declaration.**