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| **DATA PROTECTION**  The information you provide in this application form will be held securely on the RTPI’s database and will be processed in accordance with the General Data Protection Regulation and 2018 Data Protection Act. The RTPI and its assessors will neither disclose, nor permit members of its staff to disclose, any confidential and/or personal information you provide unless required to do so by law. Your information will be used to assess your application and notify you of the outcome.  If your application is successful the information you have provided will form the basis of your membership record. If we already hold a record of your details, the information provided in this form will be used to update your record. As part of your membership benefits the RTPI contacts members by email and post to keep you informed of the RTPI’s activities and services, including the services provided by its partners. The names of newly elected Chartered Members are published in our magazine – *The Planner* – and on the RTPI’s website. If your membership lapses for any reason, we will continue to contact you for up to one year, unless you actively contact us to cancel your membership.  If you do not consent to us using your data in this way then your membership application will not be processed and it will be returned to you. You can withdraw your consent at any time by contacting us at [dataprotection@rtpi.org.uk](mailto:dataprotection@rtpi.org.uk). This may mean that we are no longer able to provide you with the membership service you have signed up for.  **(Please tick) I consent to my application being processed and my data being used as outlined in the attached data protection statement.** |

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| This form must be included with your membership application. It will not be sent to your assessors. |

# PERSONAL INFORMATION

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| Please fill in your contact details, indicating which postal address, email and telephone number you wish to be used as the default for all Royal Town Planning Institute (RTPI) communications. |

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| Title (please check box) | Ms | Miss | Mrs | Mr | Dr | Other (please specify) | |
| Family name: | | | | | | | |
| Previous family name (if applicable): | | | | | | | |
| Forename: | | | | | | | |
|  | | | | | | | Default |
| Home address:  Postcode: | | | | | | |  |
| Business address:  Postcode: | | | | | | |  |
| Home telephone: | | | | | | |  |
| Business telephone: | | | | | | |  |
| Mobile telephone: | | | | | | |  |
| Home email address: | | | | | | |  |
| Business email address: | | | | | | |  |

# PAYMENT

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| You should provide proof of payment with your application. If you are paying online you will receive a receipt which should be included with your application. If paying by cheque, please make it payable to ‘RTPI’ and send to the following address: Royal Town Planning Institute, Membership Team, 41 Botolph Lane, London, EC3R 8DL. |

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| **Payment method – Please select** |  |
| Credit/Debit Card (please pay online at [www.rtpi.org.uk/pay-admin-fees](http://www.rtpi.org.uk/pay-admin-fees)) |  |
| Cheque to be forwarded by employer |  |
| Cheque (Payable to RTPI) |  |

# EQUALITY AND DIVERSITY

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| The Institute regularly analyses the profile of its membership in order to monitor the effectiveness of its policy for equality, diversity and inclusion. Although it is not compulsory to provide the following information, it will be an invaluable aid for the Institute to put in place mechanisms to ensure that its membership is representative of the UK population.  This information will be held on the Institute’s database in accordance with the General Data Protection Regulation and 2018 Data Protection Act. It will be treated confidentially and will not form part of the assessment process.  If you answer ‘yes’ to having a disability please notify us of any reasonable adjustments we can make for you. |

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| Date of Birth | | | DD/MM/YY |
| Gender | | | Male  Female  Prefer to self-describe:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prefer not to disclose |
| Under the Equality Act 2010 a disability is a physical or mental impairment; that has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities.  Do you consider yourself to have a disability in accordance with the Equality Act? | | | Yes  No |
| If you answered ‘yes’ to the above question and feel that adjustments to the process should be considered as a result of your disability, please provide details on the nature of your disability and the suggested reasonable adjustments. | | |  |
| What is your nationality? | | |  |
| Was English your first language? | | | Yes  No |
| I would describe my ethnic origin as: | | | |
| **Asian / Asian British**  Bangladeshi  Chinese  Indian  Pakistani  Any other Asian background, please describe:  **Black / African / Caribbean / Black British**  African  Caribbean  Any other Black / African / Caribbean background, please describe: | **Mixed / Multiple ethnic groups**  Asian & White  Black African & White  Black Caribbean & White  Any other mixed / multiple ethnic background, please describe:  **Other Ethnic Group**  Arab  Any other ethnic group, please describe: | **Undisclosed**  I do not wish to disclose my ethnic origin  **White**  Welsh / English / Scottish / Northern Irish / British  Irish  Gypsy or Irish Traveller  Any other White background, please describe: | |