SPONSOR’S DECLARATION

To be used for all Assessment of Professional Competence (APC) routes and for candidates applying for Legal Associate and Associate membership

|  |
| --- |
| **IMPORTANT – MUST READ AND COMPLETE**  **WE NEED YOUR PERMISSION TO PROCESS YOUR APPLICATION. IF YOU DO NOT READ AND ACCEPT THE TERMS BELOW, YOUR APPLICATION WILL NOT BE PROCESSED AND WILL BE RETURNED TO YOU.** |

|  |
| --- |
| **DATA PROTECTION**  The information you provide in this form will be held securely on the RTPI’s electronic records and will be processed in accordance with the General Data Protection Regulation and 2018 Data Protection Bill. 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 the candidate’s application.  **If you consent to us using your data in this way, please tick the box to confirm your consent:**  If you do not consent to us using your data in this way then the candidate’s membership application will not be processed and it will be returned to them.  If we already hold a record of your details, the information provided in this form will be used to update your record.  **If you consent to us using your data to update your record, please tick the box to confirm your consent:** |

SPONSOR’S DECLARATION

To be used for all Assessment of Professional Competence (APC) routes and for candidates applying for Legal Associate and Associate membership

**CANDIDATE DETAILS**

|  |  |
| --- | --- |
| Name of candidate |  |
| Candidate’s membership number (if applicable) |  |

**SPONSOR DETAILS**

|  |  |
| --- | --- |
| Name |  |
| Membership number |  |
| Position |  |
| Organisation |  |
| Telephone |  |
| Email |  |

**DECLARATION  
Please tick to confirm all of the following:**

I confirm that I am a current Chartered Town Planner.

I confirm that I have read the above named candidate’s submission (PES & PCS).

I support their application to be elected as a Chartered Member / Legal Associate / Associate (delete as applicable) of the Royal Town Planning Institute.

I believe their professional conduct reflects the values of the Institute and its Code of Conduct.

I am prepared to answer any supplementary enquiries concerning the candidate or their submission.

|  |
| --- |
| Signature  Date |

***Please submit both pages of this form to ensure your application is processed.***