CORROBORATOR’S DECLARATION

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

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| **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.** |

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| **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:** |

**The corroborator’s role**

The corroborator is someone who has first-hand knowledge of the candidate’s work and can confirm, in writing, the accuracy of the candidate’s claims.

Corroborators do not have to be members of the RTPI. Corroborators could be line managers or supervisors who have worked at the same organisation as the candidate, or, if the candidate is self-employed, clients or other professionals who have direct knowledge of their work.

**Instructions for corroborators**

Please complete the form on page 3 and follow **either**:

**Option A** - Print the completed form onto a letterhead with a ‘wet ink’ or scanned signature on the form, **or**

**Option B -** Email the completed form to the candidate from a work email address with a ‘wet ink’, scanned, or typed signature on the form.

**Instructions for candidates**

For **Option A above** the candidate can submit the completed corroboration form as a PDF / scanned document.

For **Option B above** the candidate must submit the corroborator’s original email with the completed corroboration form attached.

**CORROBORATOR’S DECLARATION**

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

**CORROBORATION DETAILS**

|  |  |
| --- | --- |
| Corroborator’s name |  |
| Corroborator’s email |  |
| Corroborator’s phone number |  |
| Dates of corroboration period |  |
| Candidate’s employer during the corroboration period |  |
| Candidate’s position during the corroboration period |  |
| Corroborator’s position during the corroboration period |  |
| Corroborator’s relationship to the candidate |  |
| Comments: please briefly **describe in your own words** what the candidate did during the corroboration period. |  |

I confirm that I have read the relevant sections of the above named candidate’s:

Practical Experience Statement

Professional Competence Statement

Log book (log book only required for Licentiate APC and Associate APC routes).

I confirm that I corroborate the candidate’s work as described in those documents.

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| Signature\*  Date |

\* Please see instructions on page 2 for acceptable signatures types

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