**SPONSOR DECLARATION FORM**

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

1. **CANDIDATE’S DETAILS**

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

1. **SPONSOR’S DETAILS**

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

**Turn over for section 3 of this form.**

1. **SPONSOR’S DECLARATION**

|  |
| --- |
| **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 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 the candidate’s application. The RTPI may also contact you with further questions regarding the candidate’s application. **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.** |

**[ ]  (Sponsor please tick) I consent to having my data processed as outlined in the above data protection statement and am willing to be contacted to answer further questions regarding the candidate’s application.**

**[ ]  (Sponsor please tick) I am an RTPI member and I consent to having my membership record updated as outlined in the above data protection statement.**

**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 of sponsor:

(typed name is acceptable)

Date:

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