



## Application Form for Certified Trainer (Grandfathering Arrangement)

### NOTES FOR APPLICANTS

- (1) All information given in this form will be treated in STRICT CONFIDENCE.
- (2) Please read carefully the Grandfathering Arrangement section on <http://www.itp.org.hk> before completing this form.
- (3) Kindly return completed application form together with registration fee **HK\$200/300** as the case may be in form of a crossed cheque made payable to “**Institute of Training Professionals**” and mail to **Room 2507 Richmond Commercial Building, 107 Argyle Street, Mongkok, Hong Kong.**

### I. PERSONAL PARTICULARS

Surname:	Given Name:
Chinese Name:	Membership Grade: (delete as appropriate) AMITP / MITP / FITP
Address:	
Email Address:	Contact phone no.:

### II. CURRENT EMPLOYMENT

Name of organization:
Position:

### III. MEMBERSHIP DETAIL

I joined ITP on: _____ (Please state the date you were accepted as a member of ITP in the format of: dd/mm/yyyy.)
I was elected to AMITP / MITP / FITP (delete as appropriate) on: _____ (Please state the date you were elected / promoted to the present membership grade in the format of: dd/mm/yyyy.)

Enclosed is a crossed cheque for HK\$200/300 made payable to “**Institute of Training Professionals**”:

Cheque No. \_\_\_\_\_ Bank: \_\_\_\_\_

**TRAINING EXPERIENCE CLAIM STATEMENT** (Applicable only to AMITP applicants.)

Please check the box below with a '√' sign to signify that at the time of signing this application you have accumulated no less than three years of practical training experience.

- Yes, I have accumulated no less than three years of practical training experience at the time of signing this application.

**DECLARATION:**

I hereby declare all information provided in this form is true and correct. Failure to provide correct information may lead to disqualification.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

**Personal Information Collection Statement**

The personal data provided in this form will be treated as confidential and used for assessment purpose only.

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**Official Use Only: (Ref No: \_\_\_\_\_)**

|                    |           |                   |                 |
|--------------------|-----------|-------------------|-----------------|
| Date received:     |           |                   |                 |
| Approval:          | <b>1.</b> | <b>2.</b>         | <b>3. Date:</b> |
| Registration Date: |           | Registration No.: |                 |