**Personal Information** *(Type or print in BLOCK CAPITALS)*

|  |
| --- |
| Title: Post nominal letters: |
| First name(s): Family name:  |
| Date of birth:  |
| Full postal address: |
|  Postcode |
| Telephone: E-mail: |
| CIHT membership no: TPS membership no: |
| Membership no. of other recognised professional institution (e.g. CILT): |
| Employer: |
| Employer address: |
| Telephone: E-mail: |
| Job title: Years of transport planning experience: |

Note**:** The TPP qualification is managed by CIHT and TPS and administered by CIHT on behalf of the partnership. This form will not be sent to your assessors and is for internal administration purposes.

**Important undertaking to be signed by the candidate**

I declare that the information submitted with this Portfolio of Technical Knowledge Application is, in every respect, complete and accurate.

###### Signature ……………………………………………… Date……………………………....

**Please submit an electronic copy of your Portfolio of Evidence as one continuous PDF file to** **education@ciht.org.uk**

**Diversity (optional):** We monitor our policies and practices to ensure that they remain free from any direct or indirect discrimination. To help us in this monitoring process, please complete the following section. This information will be held in the strictest confidence and will not be available to anyone outside CIHT or TPS.

**Gender identity**

|  |
| --- |
| Male [ ]  |
| Female [ ]  |
| Prefer not to say [ ]  |
| Self describe:  |

**Ethnicity**

|  |  |
| --- | --- |
| Asian/Asian British Indian [ ]   | Asian/Asian British Bangladesh [ ]   |
| Asian/Asian British Other [ ]   | Asian/Asian British Pakistani [ ]   |
| Black/Black British Caribbean [ ]   | Black/Black British African [ ]   |
| Black/Black British Other [ ]   | Chinese [ ]   |
| Mixed White and Black Caribbean [ ]   | Mixed White & Black African [ ]   |
| Mixed White and Asian [ ]   | Mixed Other [ ]   |
| Any other ethnic background [ ]   | White British [ ]   |
| White Irish [ ]   | White Other [ ]   |

**Disability:** Do you consider that you are a disabled person or that you have a disability? Yes [ ]  No [ ]  If yes, please provide further details below (if you wish). Requests for any reasonable adjustments should be sent to education@ciht.org.uk.

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**Authorisation (GDPR) to be signed by the candidate**

I give my permission for CIHT to hold the information provided in this form on its database and agree to inform CIHT of any changes to this information in accordance with the [privacy statement](https://www.ciht.org.uk/privacy-statement/).

The Transport Planning Society will have access to the information held by CIHT for management purposes but will not contact CIHT members directly. Similarly, CIHT will not contact TPS members for any reason that is not related to the Transport Planning Professional qualification.

###### Signature …………………………………………… Date……………………………....