 (Recognized by Decree No.3 of 1992)

Form No

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| **APPLICATION FOR ELECTION TO FULL MEMBER**  **TO: THE NATIONAL SECRETARY** | | Passport  Size  Photograph |
| **CORPORATE HEAD OFFICE** | **LAISION OFFICE:** |
| NITP - Bawa Bwari House,  Plot 2047, Michael Okpara Street, Wuse Zone 5  P.M.B. 7012, Garki, Abuja FCT.  Tel: 07068276198  E-mail: lnfo@ntpng.org; nitpnational@gmail.com website: [www.nitpng.org](http://www.nitpng.org) | Plot P.C 10 Engineering Close,  Off Idowu Taylor Street, Victoria Island, Lagos. |

**Applicants are advised to read ALL instructions including Section C carefully before completing this form. Any violation/discrepancies will lead to disqualification.**

**SECTION A**

**1. DECLARATION**

I, Dr/Chief/Mr./Mrs./MS ……………………………………………………………………………………………………………………………………………………………………………….. .             (Full Name in BLOCK LETTERS): Surname to be underlined

Of …………………………………………………………………………………………………………………………………………………………………………………………………………………………….

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*(Full postal address which will be used in the List of Members and for all correspondences in the event of election. The address given will also determine the State Chapter of the Institute to which the successful applicant will be allocated)* desire to be elected as a Full/Graduate Member of The Nigerian Institute of Town Planners. I promise that if I am elected, I will abide by and observe the provisions of the Bye laws, that I will pay the subscriptions prescribed for the class to which I am elected and that I will promote the objectives of the institute as far as may be in my power

I declare that I am …………………. years of age and that all the particulars given in this application are true and correct to the best of my knowledge and belief

As witness my hand this ……………….………. day of …………… 20 ………… Signature……………………………………………………………………………………..

1. mail: …………………………………………………………………………Mobile No: ……………….………………….…………………Date of Birth………………………………...

Place of Birth……………………………………..LGA of Origin ……………………………………………. State of Origin …………………………………..……………..

Place of Residence………………………………….……………………………………………….. State of Residence …………………………………………………………………

**2. SPONSORS**

**Please Note:**

1. Any member owing annual subscription/s to the Institute is not eligible to sponsor applicants.
2. Members are to sponsor not more than five (5) candidates per batch.
3. Sponsors with less than three (3) years’ post registration experience with NITP are not allowed to sponsor candidate.
4. No Council member is permitted to sponsor or support membership applications

We the undersigned being Registered Town Planners, hereby support the application of Dr./Chief/Mr./Mrs/Miss/Ms

…………………………………………………………………………………………………………………………………………..to be elected to the class of Full/Graduate Member of the Nigerian Institute of Town Planners. We consider from our personal knowledge, or from the enquires we have made, that the candidate-has completed a minimum of two years professional work within Town Planning in accordance with The Nigerian Institute of Town Planner's guidelines. We consider that his work represents adequate practical experience in quality and breadth to justify the candidate becoming a Member of Nigerian Institute of Town Planners, we also consider that the candidate is, by his/her personal qualities, worthy to be a Member and we know of no reason why the candidate should not be a Member. We are prepared to answer any supplementary enquiries concerning the candidate or his/her statement.

Name of Proposer: …………………………………………………………………………………..………..... Membership No: …………………………… Year of Election to Full Membership ……………………………………………….Signature ……………….………..…………………….…Date: ………………………………………………………….

E-mail: ……………………………………………………………………………………………………….… M/phone: ……….……………………….…………………………………………………..

Name of Sponsor: …………………………………………………………………………………..………..... Membership No: …………………………… Year of Election to Full Membership ……………………………………………….Signature ……………….………..…………………….…Date: ………………………………………………………….

E-mail: ……………………………………………………………………………………………………….… M/phone: ……….……………………….…………………………………………………..

**3. EDUCATION**

Give details or Professional and / or Degree or Diploma Examinations passed together with dates. In the case of degrees and diploma in Town Planning recognized for the purpose of affording exemption from the Institute's Final Examination, please give the date (month and year) when the course was successfully completed. For those qualifying by way of the Institute's Final Examination give (month and year) of sitting the successfully completed examination. Please state whether B.A., B.Sc., Dip. TP, Etc. Also give the formal description and the name of the university or college concerned e.g. B.Sc. (Hons) Geography University of Ibadan etc.

**4. MEMBERSHIP OF OTHER PROFESSIONAL INSTITUTIONS**

(Please state class of Membership with dates of election)

**5. DATE OF ELECTION TO STUDENTSHIP OF THE NIGERIAN INSTITUTE OF TOWN PLANNERS**

**6. EMPLOYMENT RECORD**

Give particulars of positions held and employing authorities or firms (past and present, e.g. Planning Assistant, Area Planning Officer, etc) giving dates (years and month):

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| **POSITION HELD** | **DATES** | **EMPLOYING AGENCY** |
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**7. BRIEF SUMMARY OF EXPERIENCE**

Give brief details of work undertaken in each part mentioned in paragraph 6 on page 2; the total time involved in each aspect of the work-concerned; the extent of your involvement and the level of your responsibility. This should be presented under the following sub-themes in **not less than 200 words in each case**

1. Technical Knowledge and Skills (such as plans, reports, drawings, software, etc.):…………………………………………………………..…

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1. Mentorship/pupilage: ………………………………………………………………………………………………………………………………………………………………………….

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1. Personal Development (conferences, workshops, training, etc.): ……………………………………………………………………………………………….

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1. Integrity: ……………………………………………………………………………………………………………………………………………………………………………………………….

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1. Leadership Skills, Attributes and Experience: ………………………………………….………………………………………………………………………………...

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1. Activities on Promotion of public image/perception of the profession: …………………………………………………………………………………..

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1. Activities/participation at the State Chapter Level, National Level (such as membership of committee, participation in programme, attendance at meetings, etc.) (such as membership of committee, participation in programme, attendance at meetings, etc.): ………………………………………………………………………………………..………………………………………………………………….

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1. Prospect of the Profession: ……………………………………………………………………………………………………………………………………………………………….

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(Use extra sheets if necessary)

**SECTION B**

**STATEMENT OF EXPERIENCE**

I hereby certify that the information contained in SECTION A represent a true account of my details and planning experience up to the time of submission.

Signature of applicant……………………………………………………………………….… Date …………………………………………….

**SECTION C**

1. **GUIDANCE NOTES FOR APPLICANTS, SPONSORS AND CORROBORATORS COMPLETING APPLICATION FORMS**
2. This Application Form should be **submitted in duplicate and colour** with all relevant credentials attached.
3. Applicant for Membership require a Proposer, a Supporter and three (3) Corroborators to sponsor his/her application. The Proposer or Supporter must be Registered Town Planner and should wherever possible include the Head of the Department of Practice for which the candidate works. The Corroborators should be in senior position and MUST be Full Member of NITP.
4. The Proposer and Supporter **must authenticate** the Candidate's experience in Section A7 (Including extra sheets) to declare that the statements are true and correct.
5. Each Corroborator **must countersign** the Candidate's experience in Section A7 (including extra sheets) and must also **sign** in the space provided in Section D2 (a)-(c).
6. Photocopies of relevant credentials and receipt of payment for application form must be attached to each of the two copies of application form.
7. Applicants who have not been issued certificates of courses should attach letters of confirmation from Registrar of such Institution. Transcript of courses or letter from Head of Department/School is **NOT ACCEPTABLE**.
8. All information contained in this Application except for signatures **must be typewritten.**
9. Applicants are reminded to supply all the required information and they are especially required to ensure that **correct signatures** are obtained and that official positions held, date, month and year together with the names of employing authorities or firms, clearly indicated. Applications will **NOT** be processed if they are not completed adequately.
10. **Only accredited programme degree/certificate(s)** is/are to be presented along with the application. The list of accredited planning schools and their respective programmes as contained on TOPREC website should be consulted for guide.
11. Enrolment fees and subscriptions are payable on election.
12. **GUIDANCE FOR CANDIDATE'S STATEMENT OF EXPERIENCE**

Summary of experience in Section A7 must **not be less than 200 words under each sub-theme** and must be written in such a way that the experience gained may be judged in its totality having regard to personal contributions to the practice of Urban and Regional Planning and where applicable, plans, drawings, reports etc. should be included to corroborate the relevance of acclaimed experiences.

1. **EXTRACT FROM THE CONSTITUTION (Full Members)**

Every candidate for election as a Full Member shall:

1. have passed the appropriate examination or have been exempted there-from by the Council; and
2. have had at least two years practical experience in the practice of Town Planning.
3. **VALIDITY**

This application form is valid for one year from date of payment only.

**SECTION D**

**CORROBORATION OF CANDIDATE'S STATEMENT**

1. (i) I am aware of the Nigerian Institute of Town Planner's guidelines for the candidate's statement as printed in section A and certify that the description of that part of the work which I have countersigned in the statement of experience submitted by ………………………….…………………………………………………… ……………………………………………………………………………………………………………………… is to my own personal knowledge, correct in all particulars;

(ii) that he/she is able to demonstrate an academic qualification (s) with acceptable planning content at Full or Graduate equivalent level: and

(iii) that he/she satisfies the practical experience requirements for membership through the demonstration of significant (equivalent often years' full time) good quality and relevant town planning experience.

1. (a) Name of 1st Corroborator: …………………………………………………………………………………………………………………………………… Membership No: ……………………;Year of Election to Full Membership ……………; Signature:………………………..….…; Date:……………………………………………; Address …………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………………………………………………M/phone: …………….…………………………………………..; Email: …………………………………………………………………………………………………

Official position in relation to the candidate is that of…………………………………………………………………………………………

(b) Name of 2nd Corroborator: …………………………………………………………………………………………………………………………………… Membership No: ……………………;Year of Election to Full Membership ……………; Signature:………………………..….…; Date:……………………………………………; Address …………………………………………………………………………………………………………………

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Official position in relation to the candidate is that of…………………………………………………………………………………………

(c) Name of 3rd Corroborator: …………………………………………………………………………………………………………………………………… Membership No: ……………………;Year of Election to Full Membership ……………; Signature:………………………..….…; Date:……………………………………………; Address …………………………………………………………………………………………………………………

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Official position in relation to the candidate is that of…………………………………………………………………………………………

**SECTION E**

**ENDORSEMENT BY STATE CHAPTER**

**Please Note**

* + 1. Properly cross-check the application form before endorsing it as discrepancies lead to disqualification.
    2. Please confirm that any member of the Institute is not sponsoring a maximum of five (5) full/graduate and five (5) student membership applicants per batch.
    3. Result of oral interview conducted by the State Chapter and duly endorsed by the Chairman and Secretary of the Chapter should be on the letterhead of the Chapter using the prescribed format/components of assessment.

I certify that the applicant Dr/Chief / Mr / Mrs/Miss/Ms …………………………………………………………………………………………….is residing/Working in this State and is recommended for election as a Full/Graduate member of the Institute.

………………………………………………………………………………. …………………………………………………….…………………

NAME OF STATE CHAPTER CHAIRMAN SIGNATURE

**SECTION F**

**FOR NITP (OFFICIAL) USE ONLY**

**OFFICIAL RECEIPT NO ……………………**

**EDUCATION COMMITTEE**

Chairman's Comments ……………………………………………………………………………………………………………………………………………………….....

Signature ………………………………………………………………………………………………… Date …………………………………………………………………

**MEMBERSHIP COMMITTEE**

Chairman's Comments …………………………………………………………………………………………………………………………………………………………….

Signature ………………………………………………………………………………………………… Date …………………………………………………………………

**NATIONAL COUNCIL**

Council's Decision …………………………………………………………………………………………………………………………………………..………………………

Signature of National Secretary ……………………………………………………………………………………………………………………………………….

Date ………………………………………………………………………………………………………………………………………………………………………………………..