**Associate / Student Membership Application Form:**

**(Non-Voting Status)**

**SECTION A – General Information**

Please complete the application form, save, and return with any relevant documents by email to: [admin@isma.org.uk](mailto:admin@isma.org.uk)

Also, please download the following PDF’s to assist with your application:

* [Definition of Stress](http://draft21.webprosites.co.uk/sites/default/files/clients/413/Definition-of-Stress.pdf)
* [Professional Code of Conduct](http://draft21.webprosites.co.uk/sites/default/files/clients/413/ISMA-Code-of-Conduct.pdf)

**Contact details:**

Name: Click or tap here to enter text.

Email: Click or tap here to enter text.

Telephone: Landline: Click or tap here to enter text.

Mobile: Click or tap here to enter text.

Home Address: (Business address if applicable): Click or tap here to enter text.

Website address: Click or tap here to enter text.

**References:**

Please provide **one** character references from someone that has known you for a minimum of one year. It should be someone with a professional background, although not necessarily in the same line of work as you. E.g. Client, senior work colleague, tutor etc. (A reference form will be sent separately to your referee).

*Please advise your referee in advance, and that they will have two weeks to respond.*

Referee (Include: Name, Job role, Web address if known, Email and phone number):

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**Associate Membership qualifying criteria:**

Please tick the relevant boxes to confirm the statements below:

1. You have a personal or professional interest in the field of stress management

**OR**

1. You are a student wishing to support your professional development

and not yet qualified to apply for full membership

1. You have provided one professional reference that has known, and/or worked with you, for a minimum of 1 year. E.g. Clients or senior colleagues, college tutor etc.

**SECTION B – Skills and Experience**

Are you a student, or currently undertaking any Yes  (If yes go to **Section 1**)formal training related to the work of ISMAUK

No  (If no go to **Section 2**)

**Section 1.**

**If you are a student or undertaking any formal training please provide the following:**

Name of training school(s), tutor(s) and course(s) with dates for each one, and include any qualification(s) you currently have:

**\***Tick the box if you are training at an ISMAUK Course Recognised College/School   
****

Phone number:

Email: Click or tap here to enter text.

Website: Click or tap here to enter text.

**Skills and Experience:**

Please provide details of your current study to include:

* Content of the course  
  ****
* Work experience / projects etc.   
  ****
* How your study directly relates to the work of ISMAUK****

Please provide details of any practical experience relevant to your application:

* Date, name of your current employer if applicable, and job role title.****
* Provide a brief description of relevant experience, services provided and type of client group etc. if applicable.   
  ****
* Provide information on any areas of special interest or expertise.  
  ****

*You can also include any voluntary work undertaken, past and present.*

****

**Section 2.**

**If you have a personal or professional interest in the field of stress management:**

Please provide brief details of your current employment, if applicable:

* Employers name, address, website  
  ****
* Your role/position in the job and date you started your employment in this role.  
  ****
* Overview of duties/responsibilities (no more than 150 words)  
  ****

*You can also include any voluntary work undertaken, past and present.*

****

**Please provide a short paragraph (or two) describing your personal or professional interest in stress management and why you wish to become an Associate Member. No more than 150 words**   
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**Membership of any Professional Bodies and relevant organisations you belong to.** Please state the dates, type of membership and how long you have been a member**:**   
 ****

**SECTION C**

**Terms and Conditions:**

You confirm and agree, that by accepting Associate Membership of ISMAUK,

you will have current and valid Professional Indemnity Insurance for the

duration of your membership. Insurance certificate attached

**OR**:

You are not currently working so Professional Indemnity Insurance is not

applicable for you, however if that changes, you will inform ISMAUK

immediately and provide a copy of your valid insurance certificate.

Agreement that on becoming an Associate Member of ISMAUK

you will comply with ISMAᵁᴷ’s Professional Code of Conduct.

If applicable, provide copies of any relevant qualifications, as per Section 1

With the submission of your application please pay:

**Non-refundable administration fee of £30**

To be paid via the ISMAUK website link: <https://isma.org.uk/administration-fee>

**SECTION D**

**FOR ISMAUK OFFICIAL USE ONLY:**

Criteria have been: Approved  Declined

Any relevant feedback from reference:

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**Recommendation:** for (Click or tap here to enter text.) To become an ISMAUK Associate Member: Yes:  No**:**

Reason if no:

****

Referred to (Click or tap here to enter text.) of the Membership Team: Yes  No**:**

Comments and any action recommended:

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**Administrator of ISMAUK**

Letter to applicant advising of the outcome.

If application is successful, Associate Membership certificate,

Associate Logo and Conditions for Use of Logo sent.