**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

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):

****

**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**
 ****

**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:

****

**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:

****

**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. [ ]