**Membership - Application Form:**

**SECTION A – General Information**

Please complete the word application form, save, and return with all relevant supporting documents in PDF format by email to: admin@isma.org.uk

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

* [Guidelines to be an ISMAUK Member](https://isma.org.uk/sites/default/files/clients/413/Guidelines-to-Become-an-ISMAUK-Member.pdf)
* [Definition of Stress](https://isma.org.uk/sites/default/files/clients/413/Definition-of-Stress.pdf)
* [The ISMAUK Charter](https://isma.org.uk/sites/default/files/clients/413/ISMAUK-Charter.pdf)
* [Professional Code of Conduct](https://isma.org.uk/sites/default/files/clients/413/ISMA-Code-of-Conduct.pdf)

**1. 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.

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

Website address: Click or tap here to enter text.

**References:** Please provide **two** professional references that have known and/or worked with you for a minimum of 1 year. E.g. Clients or senior colleagues. **\****Please advise your referees in advance and that they will have two weeks to respond.*

Include: Email and phone number:

(A reference form will be sent to your referees).

1. ****
2. ****

**Membership qualifying criteria:**

Please check the box to confirm the statements below:

1. You have two year’s relevant experience. [ ]

**\***Please contact the administrator if you have a question regarding your relevant experience

1. You have successfully completed a qualifying programme(s) of relevant training which means you are eligible for ISMAᵁᴷ ’Professional Membership level. [ ]  **\****Refer to the PDF Guidelines to become an ISMAUK Member and Definition of Stress*
2. Agreement that on becoming a member, you will comply with ISMAᵁᴷ’s Professional Code of Conduct and will facilitate the implementation of ISMAᵁᴷ Charter, as it applies to your own professional practice. [ ]
3. You confirm and agree that by accepting membership of ISMAUK, you will have current and valid Professional Indemnity Insurance for the duration of your membership. [ ]
4. You have provided two professional references that have known, and/or worked with you, for a minimum of 1 year. E.g. Clients or senior colleagues where you have worked. [ ]

**Are you an Associate Member of ISMAUK**If yes, please provide your membership number and details below:

 No [ ]

 Yes [ ]

****

**SECTION B – Qualifications, Skills and Experience**

**Qualifications:**

Please provide details of your completed qualifying programme(s) of stress management training which means you are eligible to apply for ISMAᵁᴷ ’Professional Membership level:

Name of training school(s), tutor(s) and course(s):

**\***Tick the box if you trained at an ISMAUK Course Recognised College/School [ ]

****

Email: Click or tap here to enter text.

Website: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

|  |  |
| --- | --- |
| Contact hours | Click or tap here to enter text. |
| Self-directed | Click or tap here to enter text. |

 Approximate total hours of study: Click or tap here to enter text.

**Referring to the Guidelines to become an ISMAUK Member, tick the box if you have covered the content in:**

**Topic 1.** Understanding Stress (core requirement for everyone) [ ]

**Topic 2.** Frameworks for Stress Prevention & Management – Organisational [ ]

**Topic 3.** Frameworks for Stress Prevention & Management – Individual [ ]

**Qualification attained and date:**

**\***ISMAUK Course Recognised College/School applicants must apply within 3 months of qualifying to receive their approved discount.
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**Other relevant qualifications and dates:**
****

**Skills and Experience:**

Please provide brief details of your previous relevant jobs and responsibilities:

* Include any practical experience you have to support your application,
* Include areas relating to stress and resilience,
* Also, expand on your work involving wellbeing and performance depending on your particular line of work. E.g. Private practice/Individuals, Trainer, Corporate Organisation

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

****

**Professional Membership Organisations you belong to:**

Please state how long you have been a member & at which level.

****

Please provide a paragraph (or two) explaining why you wish to become a Member, and how you would use your Membership to enhance your own practice plus support and promote the values of ISMAUK.

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**SECTION C**

Please confirm that you have provided and attached PDF copies of the following:

**Copy of current Insurance** [ ]

**Copies of all your qualifications** [ ]

With the submission of your application please pay: [ ]

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

To be paid via PayPal: [Click Here](https://www.paypal.com/cgi-bin/webscr?cmd=_s-xclick&hosted_button_id=ULY5LK78FV2WW)

I agree to comply with ISMAᵁᴷ’s Professional Code of Conduct and to facilitate the implementation of The Charter as it applies to my own professional practice. [ ]

**SECTION D**

**FOR ISMAUK OFFICIAL USE ONLY:**

**For Membership Advisory Team:**

Reviewed by:

****

Criteria have been checked: **Approved** [ ]  **Declined** [ ]

Section B completed and checked: **Approved** [ ]  **Declined** [ ]

Any relevant feedback from references:

****

**Recommendation for:**

****

To become an ISMAUK Member: **Yes:** [ ]  **No:** [ ]

Reason if no:

****

Membership Advisory Team - comments and action taken:

****

**Administrator of ISMAUK - Action Taken:**

Letter to applicant advising of outcome. [ ]

If successful, send Membership and Charter certificates and both Logos, plus the Logo Conditions of Use. [ ]