**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](mailto: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*.

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**Professional Membership Organisations you belong to:**

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

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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.