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**Membership Application Form**

**MEMBER INFORMATION**

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| **TITLE** |  |
| **FIRST / GIVEN NAME** |  |
| **SURNAME / FAMILY NAME** |  |
| **EMAIL ADRRESS** |  |
| **WEBSITE ADDRESS** |  |
| **COUNTRY OF RESIDENCE** |  |

**MEMBERSHIP**

Select the grade of membership you are applying for.

Please ensure you have referred to the Society’s website and have satisfied yourself you are eligible for this grade of membership. <https://www.isfcp.info/membership-grades/>

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|  | **CODE**  | **Membership Grade**  |  | **CODE**  | **Membership Grade** |
|  | Affiliate | Affiliate member |  | MISCP | Full member – please attach a copy of your chartership / state license etc |
|  | AssocMISCP | Associate member – please attach a copy of your GBC and/or undergraduate degree in psychology |  |
| If you are applying for a full member grade (MISCP), do you give permission for your details to be entered on the ISCP on-line members register? |   |

**Please note that all supporting documentation/certificates must be currently valid at the time of application**

**REFERENCE**

Please provide contact details of a professional referee – all applications must contain a reference.

Please ask your referee prior to nominating them. Ideally your referee will be a member of the ISCP. Alternatively, please provide details of someone who knows your work.

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| In what capacity are you nominating this person(e.g. employer / colleague / associate) |  |
| Referee Name |  |
| Referee Organisation |  |
| Referee Email address |  |

**QUALIFICATIONS**

A copy of your CV will be sufficient providing it encompasses all the following information.

Please remember to attach copies of the supporting documentation with your application form.

AFFILIATE MEMBERSHIP

Please include educational qualifications including further education

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| **INSTITUTION** | **DATE OF COMPLETION** | **SUBJECT(S)** | **QUALIFICATION** | **GRADE / MARK** |
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ASSOCIATE MEMBERSHIP

Please provide evidence of your recognised psychology degree, when you became a Graduate Member of your recognised professional psychology body in your country, along with educational qualifications since graduation

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| **INSTITUTION** | **DATE OF COMPLETION** | **SUBJECT(S)** | **QUALIFICATION** | **GRADE / MARK** |
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FULL MEMBERSHIP

Please provide evidence of your chartership, state or country registration / license as a qualified psychologist.

**COACHING PSYCHOLOGY EXPERIENCE**

List all ***relevant*** experience starting with your current post

(e.g. providing coaching psychology services, researching coaching psychology practice/theory, training others in coaching psychology/coaching, supervising others, receiving supervision, relevant publications).

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| **JOB TITLE**(also state whether paid or voluntary) and/or Nature of Work (eg assistant psychologist) | **DATES**(month and year)**From To** | **EMPLOYER**(also state whether organisation, Independent) and/or**AREA** (e.g. Business/executive or personal coaching) |
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**If applications are discovered to contain any false entries, misleading statements or material omissions the International Society for Coaching Psychology reserve the right to cancel the application or later revoke your membership.**

The ISCP will use your information to provide the service requested.

This information will be held securely on a computerised system for the entire period of our agreement and for a period of 3 years thereafter, when it will be securely destroyed or deleted. We will also use the information you have provided to send you a regular newsletter. This newsletter will be sent using an electronic system and you will have the option to unsubscribe at any time by using the link on the newsletter, or emailing office@isfcp.info

We do not share your information with anyone else in order to provide this service. For further details on how your data is used and stored please see our privacy policy <https://www.isfcp.info/faqs/privacy-policy/>

* I certify that the information given on this form is correct and complete to the best of my knowledge.
* I give my consent for the ISCP to contact third parties to verify the above information and for those third parties to release personal data about me in the verification process, in accordance with the Data Protection Act 2018.

**By submitting this application form you are also confirming that:**

* **I agree to support the International Society for Coaching Psychology in achieving its aims and objectives.**
* **I agree to abide by the codes of ethics and practice of the Society.**
* I am not aware of any outstanding complaints registered against me with another professional body.
* I agree to work within my competencies

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| **Applicant Signature** |  |
| **Date of Application** |  |

**APPLICATION SUBMISSION**

**Please email the completed application form and copies of your supporting documentation to:** **office@isfcp.info**

Your application will be acknowledged – if you have not heard from us within 14 days of submission, please check your spam/junk folder.

NOTE: Your application will not be processed unless a completed signed application form and evidence of qualifications/memberships are submitted with your submission. Only degrees from recognised and fully accredited universities are acceptable.

**Fees**

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|  | **Registration Fee** | **Annual Membership Fee** |
| **Affiliate Members** | £10.00 | £15.00 |
| **Associate Members (AssocMISCP)** | £10.00 | £15.00 |
| **Members (MISCP)** | £10.00 | £30.00 |
| **Membership upgrade admin fee** | £10.00 |  |

**Please do not make any payment until your membership is confirmed**.

We will provide you with an invoice and link to make payment via our on-line system.

You will have 30 days from membership confirmation to make your payment – if after reminders, payment is still not received, your membership will be cancelled and you will need to re-apply.