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| ***1 DETAILS OF APPLICANT FOR AFFILIATE MEMBERSHIP*** |
| **TITLE** (Ms/Miss/Mrs/Mr/Dr/Prof/Other) |
| **FIRST/GIVEN NAME(S):** | **SURNAME/FAMILY NAME:** |
| **COUNTRY OF RESIDENCE:**  |
| **EMAIL ADDRESS:**  all correspondence is via email, so don’t forget to check your spam folder! |

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| **2 Confirmation of Approved Centre or Recognised Course/Workshop Status**  |
| **Name of Course: The Enterprise Coaching Programme (ECP)** **Date of Course:****Organisation/Centre: 7M Consulting Private Limited** |

**Please note that 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 (BPS/Association for Coaching/IAFPD) 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.

**APPLICANT’S SIGNATURE ........................................................................................................ DATE ..............................................**

**Please submit the application form to** **office@isfcp.info**

NB. Your application will not be processed unless all parts of the application form are completed – all correspondence is via email so don’t forget to check your spam folder!