



Association for Social Therapeutic Horticulture Facilitators of Ireland

APPLICATION FOR REGISTERED MEMBERSHIP

- You will be asked to complete the details below, please do not include information which is not required with your application.
- This form can be handwritten or typed. Place a ✓ in the appropriate box when asked 'Yes' or 'No.'
- Original applications cannot be returned, so please keep a copy for your own reference.
- The committee reserve the right to seek clarification when the submitted information is unclear, and until we receive this clarify will not sign off.
- Your Public Profile Details will be used when a member of the public wants information on STH Facilitators in their area and on our ASTHFI website "where to find a STH Facilitator".
- This signed application can be sent to: **ASTHFI, Mullagh, Kilsallagh Westport Mayo F28VA06.**

Part 1: Personal details & details for public profile

Your Full Legal Name: _____

Any Previous Name: _____

Name for your Public Profile: _____

	Your Home Address:	Work Address or Address for your public profile
Address		
City/Town		
County		
Eircode/Postcode		
Country		

<i>Please, let us also know which of the details below you want to use for your public profile, by writing "yes for please use" and "no for do not use" behind the details.</i>		Yes/No
Email Address:		
Website Address		
Phone Number		
Mobile Number		



Part 2:

Background in Social Therapeutic Horticulture

Please include copies of Degrees and Certificates listed below.

Start Date	End Date	Training Institution	Full Course Title	NFQ Level	Awarding Body



Part 3: Membership Professional Bodies & Insurance related to Social Therapeutic Horticulture

Professional bodies of which you are a member

(if applicable please include supporting documents)

Current Certificate of Insurance

	Professional Indemnity and Public Liability Insurance cover is a requirement for practicing as a Social Therapeutic Horticulture Facilitator.	Check
	Please supply a copy of your current Certificate of Insurance	

If you are looking for insurance, as ASTHFI, we are working together with:
Brian Mullins Insurance Broker Ireland (Sligo). <https://bmib.ie>

	All certificates relating to membership of bodies, and insurance as mentioned above must be included with your application.	Check

Part 4: Membership Fee

The **annual membership fee** for a **registered member** is **€ 150 per year**, from the date of registration.

Payment can be made to **ASTHFI** at AIB Bank.

IBAN: IE 71AIBK 9371 6944 7190 11

BIC:AIBKIE2D

Please put your full name down as the payment reference



Part 5: Applicants Undertakings and Declaration

Please tick relevant boxes below

	I undertake and declare:	Yes	No
5. A	To abide by the Codes of Ethics & Practice of ASTHFI and to comply with its Complaints Procedures.		
5. B	I agree to remain covered by insurance against professional indemnity and public liability risks in my practice.		
5. C	I agree to the yearly renewal of Registered Membership, until I actively cancel my membership with a minimum of 30 days before the renewal date.		
5. D	I have not been debarred by any organisation for professional misconduct and agree to notify ASTHFI should I become aware of any reason why I may be subject to such an investigation in the future.		
5. E	I agree to uphold all ASTHFI members, staff, its affiliated organizations and nature itself within the profession of Social Therapeutic Horticulture with the upmost dignity, respect, and consideration, and I agree to treat all peers with courtesy in the manner advocated within the humanistic and integrative ethos.		
5. F	I certify that the foregoing information is correct, and I understand that any false or misleading statement made on this form or in any part of the application process, or failure to disclose information relevant to this application, may result in my affiliation with ASTHFI being rejected for the Registered Membership.		

In submitting this application, I understand that, the Membership Committee is made up of volunteers and will endeavor to process my application as speedily as possible. It is the responsibility of the applicant to supply only relevant information and to complete the application form in full. Failure to do this may cause unnecessary delay to process the application. The Membership Committee reserves the right, where it believes that a personal meeting with any applicant might assist them in processing, to call that person for a meeting with some or all members of the Committee.

Full Name:	
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Signed:	
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(Note: a Digital Signature is not acceptable)

Place:	Date:
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