



ISATT MEMBERSHIP APPLICATION

APPLICANT NAME AND ADDRESS

Name:

Address line 1:

Address line 2:

Address line 3:

Eircode/Postcode:

WORK ADDRESS (for public, if different from above)

Line 1:

Line 2:

Line 3:

Eircode/Postcode

CONTACT DETAILS

Email address:

Email address for public (if different from above):

Landline:

Mobile:

Landline/mobile for public (if different from above):

Website:

TRAINING INFORMATION

Name of training course:

Address of training course:

Head of Training:

Date of graduation:

SIGNATURE

I have completed a 1600 hour training course in accordance with ISATT requirements. I acknowledge that all my details are true, and that it is my responsibility to communicate changes in my profile details to the secretary of ISATT. I have read the ethics policy and constitution of ISATT (please see page: 'About ISATT—Origins and Vision' on ISATT.ie). I agree to comply with these rulings and to work professionally with the highest honorable intent towards clients and colleagues.

SIGNED

DATE

Completed form to be emailed or posted to ISATT secretary:

Margaret O'Sullivan Farrell
71 Highfield Park, Dundrum, Dublin D14 E009

mosullivanfarrell@hotmail.com

Tel. 0834042043; 01-2961205

Please include:

1. A copy of your teacher certification for ISATT records
2. A short biography/profile for the website
3. €65 membership fee

Membership fee payment details

Cheques to be made out to ISATT

Bank transfer:

AIB University Branch, Newcastle Road, Galway

Account name: ISATT

NSC: 937436

Account no: 26944188

BIC: AIBKIE2D

IBAN: IE96AIBK93743626944188