



**IASLT**

*The Irish Association of*  
**Speech + Language Therapists**

## Application for IASLT Membership - NON MRA Route

### 1. IDENTIFICATION AND PERSONAL INFORMATION:

Please complete all sections, in black, using UPPER CASE letters

Last name \_\_\_\_\_ Citizenship: \_\_\_\_\_

First name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Gender: Female \_\_\_\_\_ Male \_\_\_\_\_

Contact address:

\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Work \_\_\_\_\_ Fax \_\_\_\_\_

Home \_\_\_\_\_ Mobile/Cellphone \_\_\_\_\_

Email: \_\_\_\_\_

(If multiple addresses are provided, please indicate preferred email)

### 2. APPLICATION CATEGORY

Please tick membership category you wish to apply for:

New Graduate Practising*	
Full Member*	
International Affiliate**	

\*From 31<sup>st</sup> October 2016 Applicants must be registered with CORU in order to practise in the Republic of Ireland and must therefore be registered with CORU in order to apply for this membership category

\*\*Applicants do not need to be registered with CORU in order to apply for International Affiliate Membership.



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### 3. EDUCATION

Please indicate below your degrees earned (Bachelor, Master and/or doctorate), the name of the conferring institution, the title of the degree and the year awarded.

Institution	Degree level (BSc, MSc, PhD) and title	Year of award

### 4. CLINICAL EXPERIENCE

Please outline below your post qualification experience in Speech and Language Therapy. If you worked in a part-time capacity please list your monthly hours and total months worked.

From Date	To Date	Average monthly hours	Total months	Employer	Title of post	Proof of employment (please tick*)
Total Cumulative months						

\*Provide documentation to verify duration of your employment as a speech and language therapist/pathologist in each setting.

This will determine which IASLT membership category is most appropriate for you!



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## 5. LETTER OF GOOD STANDING/LETTER OF VERIFICATION

**Are you/or have you been a member of a professional association representing speech and language therapists/pathologists**  Yes  
 No

**If yes, please provide a letter of good standing/letter of verification from this association.**

## 6. STATUTORY REGISTRATION

CORU is Ireland's multi-profession health regulator. CORU was set up under the Health and Social Care Professionals Act 2005.

I understand that from 31<sup>st</sup> October 2016 if I practise in the Republic of Ireland I must be registered with CORU  Yes  No

I am registered with CORU  Yes  No

This will determine the type of membership categories that are appropriate for you. You must be registered with CORU to be eligible for practise in the Republic of Ireland. You do not need to be registered with CORU to join the International Affiliate membership category.

## 7. DISCLOSURE INFORMATION

**a) Have you ever been convicted of a (1) misdemeanour involving dishonesty, physical harm to the person or property of another, or a threat of physical harm to the person or property of another, or (2) of any felony?**

**Yes  No**

If yes, please explain fully, including the nature and date of the offence, the penalty applied and any other relevant factors that you would like the IASLT to consider. A criminal conviction will not necessarily preclude membership of IASLT. All relevant factors will be considered.

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**b) Have you ever been disciplined or sanctioned, or are there any disciplinary proceedings against you before any professional association, professional licensing authority or board, or other professional regulatory body?**

**Yes [ ] No [ ]**

If yes, please explain fully, including the nature and date of the offence, the penalty applied and any other relevant factors that you would like the IASLT to consider. A disciplinary action or sanction will not necessarily preclude membership of IASLT. All relevant factors will be considered.

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**c) Have you ever been the subject of a complaint, or are there any outstanding complaints that are currently being/or due to be processed?**

**Yes [ ] No [ ]**

If yes, please explain fully, including the nature and date of the complaint and any other relevant factors that you would like the IASLT to consider. An outstanding complaint will not necessarily preclude membership of IASLT. All relevant factors will be considered.

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**d) I have read, understood and agree to abide by the IASLT code of conduct. ([www.iaslt.com](http://www.iaslt.com))**

**Yes [ ] No [ ]**

**e) I understand that failure to disclose full information, or any deliberate misrepresentation of information, is a serious matter and will invalidate my application.**

**Yes [ ] No [ ]**

**f) I understand that from 31<sup>st</sup> October 2016 if I practice in Republic of Ireland I must be registered with CORU.**

**Yes [ ] No [ ]**

Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_



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## 8. CONSENT AND DECLARATION

- I affirm that the information I have provided on this application is accurate. I have read and agree to abide by the Code of Ethics of the IASLT.
- I agree to abide by all standards required to maintain my recognition and membership of IASLT if accepted. I understand that once accepted my membership may be made available to the public and must be renewed on an annual basis as per IASLT requirements.
- I agree that the results of my application may be shared with the other signatory associations for research purposes and no identifying information will be included.
- I understand that from 31<sup>st</sup> of October 2016 if I wish to practice in the Republic of Ireland I must be registered with CORU ([www.coru.ie](http://www.coru.ie))

### Checklist of enclosed documentation:

- |  |     |
|--|-----|
| 1. Fully completed application form                                | [ ] |
| 2. Certified copy of qualification parchment (not original)        | [ ] |
| 3. Letter of verification from Professional Association (optional) | [ ] |
| 4. Evidence of post graduate employment (if applicable)            | [ ] |
| 5. Copy of Passport  | [ ] |

I understand that this application will not be processed unless all relevant information, as specified above, has been provided, the appropriate fee has been enclosed, and the consent and confirmation sections above have been signed.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

## 9. Process of Application

- Receipt of applications will be confirmed.
- Applications for International Affiliate Membership Category will be processed within 4 weeks
- Applications for all other categories will be processed when the applicant can demonstrate registration with CORU
- You will be informed of the appropriate membership category and corresponding fee
- Your application will be finalised on receipt of full payment of appropriate fee



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## **Procedures for Application for Membership by the Irish Association of Speech and Language Therapists (IASLT)**

There are two routes for application for membership for individuals with qualifications from non-Irish universities; Mutual Recognition Agreement (MRA) and non MRA route.

### **MRA route**

This applies to speech-language pathologists/therapists who are certified members of ASHA, RCSLT or Speech Pathology Australia, clinically certified members of Speech-Language Audiology Canada and full members of NZSTA who wish to apply for full membership of IASLT under the Agreement for the Mutual Recognition of Professional Association Credentials (MRA) 2008.

### **Non MRA route**

For applicants who do not meet the criteria for application under the MRA follow the procedure below.

1. Applicants must complete the entire application form, including the Consent and Declaration section. Incomplete applications will result in the application being delayed pending completion.
2. Applicants must provide documentary evidence of their qualification. Applicants must provide a copy of their qualification parchment with their application (please do not send the original parchment).
3. Where applicable, applicants should provide a letter of good standing/letter of verification from their Professional Association verifying that they hold current or have held membership with that professional association including reference to duration of the membership.

The letter of good standing/letter of verification must be dated and have been obtained no more than one year prior to submission to application

### **5. Process of Application**

- Receipt of applications will be confirmed.
- Applications for International Membership Category will be processed within 4 weeks



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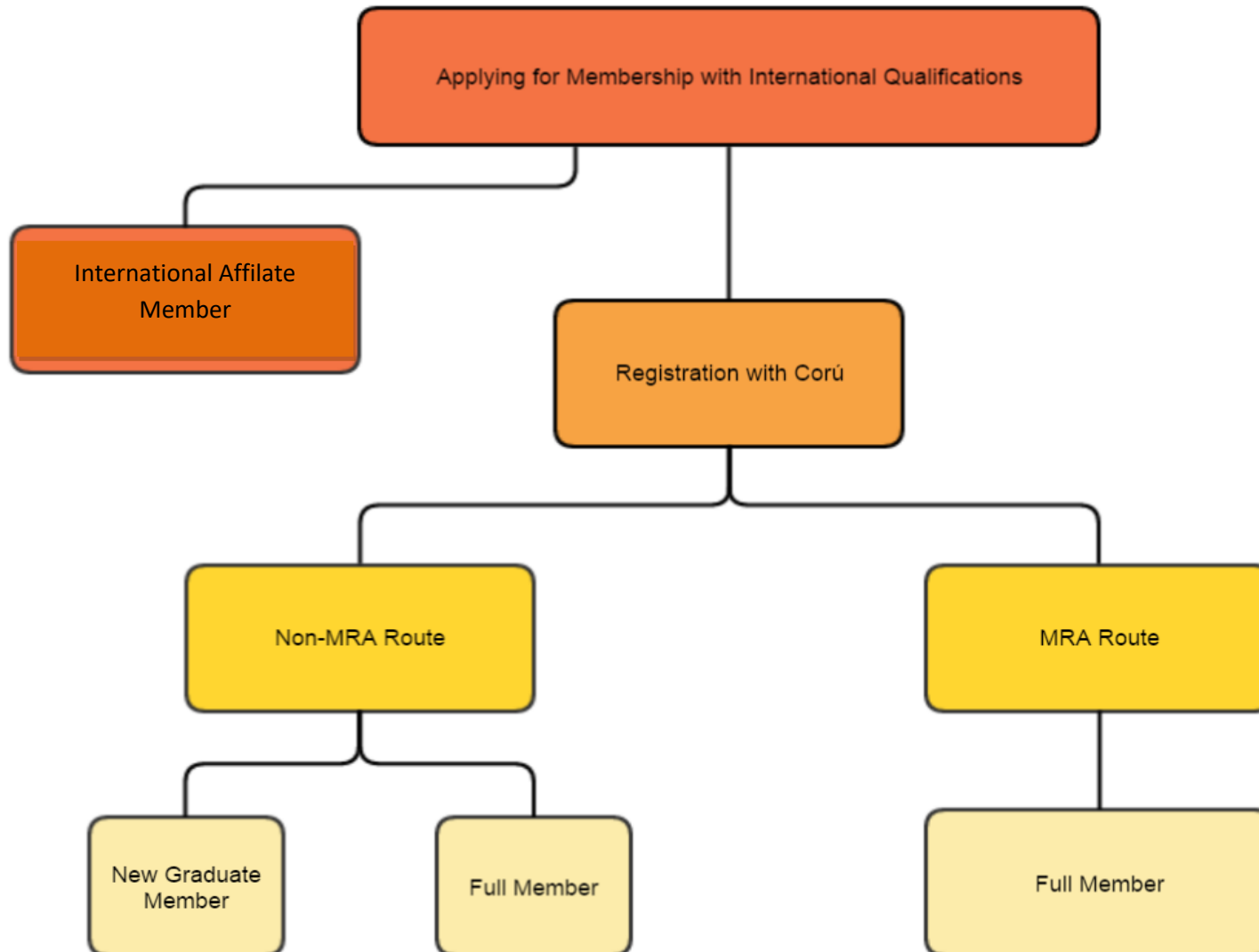
- Applications for all other categories will be processed when the applicant can demonstrate registration with CORU
- Your application will be finalised on receipt of full payment of appropriate fee



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**Overview of Application Process**







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## **Frequently Asked Question**

**As a qualified speech and language therapist, educated in another country, can I work in the Republic of Ireland?**

Yes, provided your speech and language therapy qualification is comparable with a qualification from an Irish University. In Ireland, speech and language therapy is a degree level subject, studied as a four-year undergraduate course, or a two-year Masters course.

In order to practise as a speech and language therapist in the Republic of Ireland you must register with CORU, the multi-profession health register.

**What sort of evidence will I need to support my qualifications?**

Those with qualifications obtained outside the Republic of Ireland must have their qualifications recognised by CORU before they are eligible to apply for regulation. CORU details what documents you need to produce, [www.coru.ie](http://www.coru.ie)

**When can I become a Full Member of IASLT?**

You can apply to become a Full Member of IASLT when you receive CORU registration.

**What are the benefits of International Affiliate Membership?**

As an International Member you will receive access to the members' area of the IASLT website as well as IASLT publications such as Update.