IASLT Application for MRA Letter of Good Standing

**Eligibility Criteria:**

It is recommended that you only submit an application if you **meet all of the criteria** outlined below.

Please tick the following if you meet the criteria:

|  |
| --- |
| I have been a full IASLT member for one full year and renewed into a second year |[ ]
| There has been no lapse in my current IASLT membership |[ ]
| I am a current full IASLT member |[ ]

**Please complete all details below:**

|  |  |
| --- | --- |
| **Full Name** | Click or tap here to enter text. |
| **IASLT Membership Number** | Click or tap here to enter text. |
| **Postal Address** | Click or tap here to enter text. |
| **Preferred email address** | Click or tap here to enter text. |
| **Contact Number** | Click or tap here to enter text. |
| **Date of Application** | Click or tap to enter a date. |
| **MRA Professional Body** | Click or tap here to enter text. |
| **MRA Postal Address** | Click or tap here to enter text. |
| **IASLT Full membership details** |
| **Current Full member** | Choose an item. |
| **Start date of IASLT Full Membership**  | Click or tap to enter a date. |
| **Disciplinary actions** | Choose an item. |
| **If yes, please give details here:** | Click or tap here to enter text. |
| I consent to IASLT sharing information held in relation to my status of Good Standing with the above named MRA Partner as requested. |[ ]
| I have read and understand the supporting IASLT document - IASLT Letter of Good Standing: An eligibility and application guide.  |[ ]
| I confirm I have paid the €50 non-refundable administration fee – bank details below\*. |[ ]
| I understand the letter will only be issued once I demonstrate to IASLT that I meet the criteria for a Letter of Good Standing. |[ ]
| I understand completing this application form and paying the non-refundable administration fee does not guarantee a Letter of Good Standing will be issued. |[ ]
| I acknowledge if my application is submitted before I meet the criteria it will be declined and my application fee will not be refunded. |[ ]
| I acknowledge IASLT have up to 21 days to make a decision regarding my eligibility for, and if eligible to issue my Letter of Good Standing. |[ ]

**Full Name:** Click or tap here to enter text. **Date:** Click or tap to enter a date.

Please return completed application forms **via email** to info@iaslt.ie

|  |  |
| --- | --- |
| **\* Bank Details:** | **Irish Association of Speech and Language Therapists CLG****Account:** 91749825 **Sort Code:** 90-00-17**BIC:** BOFIIE2**IBAN:** IE46BOFI90001791749825**BRANCH:** Bank of Ireland, College Green, Dublin 2(Please ensure your full name is listed in transfer) |

**Additional Information:**

**IASLT Full Membership (MIASLT)**: A speech and language therapist who meets recency of practice requirements (i.e. 1,000 hours of clinical practice within the previous five (5) years) and who provides evidence of continuing professional development according to the standards and procedures of the IASLT, and has signed up to and agreed to be bound by the Code of Ethics of the IASLT.

Newly qualified speech and language therapist may apply for New Graduate Membership of IASLT and may progress to Full Membership following (a) at least 12 months of clinical practice, that is, one full IASLT membership year i.e. calendar year, (on average 1,550 hours) of which a minimum of 800 hours are closely supervised, and (b) a signed declaration by the service SLT manager confirming the required hours and indicating that the required competencies have been achieved.

**For Official Use only:**

IASLT Administration Officer:

|  |  |
| --- | --- |
| All fields completed |  |
| Memberships dates are accurate |  |
| Fee received |  |

IASLT application review:

|  |  |  |
| --- | --- | --- |
| Title & Name |  |  |
| Current Full member |  |  |
| One year of full membership completed |  |  |
| Continuous membership (from required full year in current active membership) |  |  |
| Disciplinary investigation |  |  |
| Issue Letter of Good Standing |  |  |
| If no, give reason: |  |  |
| Decision emailed to IASLT Chairperson & Administration Officer |  |  |