**Irish Association of Speech and Language Therapists CLG**

**Suite 108**

**The Capel Building,**

**Mary’s Abbey, Dublin 7**

**membership@iaslt.ie**

**MRA Full Member Application & Declaration**

This application and declaration form is for SLT/Ps applying for Full membership of the Irish Association of Speech and Language Therapists (IASLT) via the Agreement for the Mutual Recognition of Professional Association Credentials (MRA 2017).

**PERSONAL INFORMATION:**

|  |
| --- |
| Mr [ ]  Mrs [ ]  Ms [ ]  Miss [ ]  Other [ ]  Please state:  |
| Forename: |  | Surname:  |  |
| Date of Birth (dd/mm/yy): |   |
| Address |   |
| Country |   | Postal Code |   |
| Telephone (Home)  |   | Telephone (Work) |   |
| Email: (preferred for IASLT correspondence): |   |

**MRA INFORMATION:**

**Are you a:**

ASHA CCC holder? [ ]  Yes [ ]  No

Certified member of RCSLT? [ ]  Yes [ ]  No

Certified practising member of Speech Pathology Australia? [ ]  Yes [ ]  No

Certified member of SAC-OAC? [ ]  Yes [ ]  No

Full member of NZSTA? [ ]  Yes [ ]  No

You have requested a Letter of Good Standing from your Professional Body to be sent directly to IASLT: [ ]  Yes [ ]  No

**EDUCATION (relevant to Speech and Language Therapy):**

|  |  |  |  |
| --- | --- | --- | --- |
| University  |  | Country  |  |
| Title/Qualification |  |
| Year of Qualification  |  |
| University  |  | Country  |  |
| Title/Qualification |  |
| Year of Qualification  |  |

|  |  |
| --- | --- |
| Current Professional Association |  |

**WORK EXPERIENCE (relevant to Speech and Language Therapy):**

**Please attach current CV**

|  |  |
| --- | --- |
| Name of Current Employer  |   |
| Dates Employed (from/to) |   |
| Briefly describe duties |   |

**Membership Declaration**

Have you applied to any other signatory associations partnered in the **Agreement for the Mutual Recognition of Professional Association Credentials (MRA) 2017?**

Yes [ ]  No [ ]

If so, which association?

***Statement of consent for disciplinary boards to share information with IASLT***

I consent to (insert name of home association) sharing with the Irish Association of Speech and Language Therapists all information regarding any investigations and pending charges, convictions cautions and any other disciplinary actions against me, including any that may arise subsequent to this application.

Have you applied for to the partner MRA associations in the past and been rejected?

Yes [ ]  No [ ]

***Statement of consent to the result of this application being shared amongst signatory associations***

I agree that the results of my application may be shared with the other signatory associations to the agreement for research purposes. No identifying information will be included with this information.

***Declaration of disclosure regarding convictions for offences etc.***

Have you ever been investigated, or subject to censure or prosecution, in a civil or criminal context (if so, please supply details of the investigation and its outcome):

|  |
| --- |
|   |

* I declare that I hold a SLT qualification recognised by CORU as well as current CORU registration. Under the Health and Social Care Professionals Act 2005 it is a criminal act to use the title “Speech and Language Therapist” without being registered or wrongly holds him/herself out as being on the register of the Speech and Language Therapy Board.
* I hold a qualification in Speech and Language Therapy recognised by IASLT.
* I am currently practicing/planning to practice in the future as an SLT in Ireland.
* I declare that I updated my professional competence during the past 12 months by undertaking Continuing Professional Development (CPD) to a level equivalent to the IASLT requirements for CPD.
* I declare my commitment to maintaining my competence and expertise through active engagement in a range of professional activities, events and continuing education and agree to engage in a programme of continuing professional development of which I am keeping an up-to-date record.
* I declare that I am not and or have not been the subject of criminal or professional disciplinary proceedings and I am not aware of any complaint against me.
* I declare my commitment to abide by both the IASLT and CORU Code of Professional Conduct and Ethics.
* I consent to inclusion in the IASLT Membership database.

I understand that my details will be maintained on a database and this information can be accessed by the IASLT membership committee and IASLT staff. Details of my status as an IASLT member may be disclosed to third parties on request.

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 including the consent and declaration forms have been signed

|  |  |
| --- | --- |
| Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_ | Print Name:  |
| Date:  | CORU Registration No.:  |

**Membership Category Fee**

**Full Member €200**

*Please forward a cheque, postal order or bank draft drawn in Euro made payable to:*

*IASLT*

*Suite 108, The Capel Building, Mary’s Abbey, Dublin 7.*

*Or alternatively you can transfer payment to:*

**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

**Checklist of documents:**

* Certified copy of passport or birth certificate.
* Members of SAC-OAC: Documentary evidence of completing one year of clinical practice (min.1000hrs).
* Documentary evidence of recency of practice (applicants from ASHA and SAC).
* Documentary evidence of dysphagia competency in assessment, diagnosis and management for applicable members of ASHA certificate holders who graduated with a master’s degree in speech-language pathology prior to 1998 and members of SAC who were clinically certified prior to 1999.
* Documentary evidence of dysphagia competency in assessment, diagnosis and management for members of RCSLT.
* Evidence of fluency in spoken, written and clinical English (applicants for whom English is not a first language and/or who completed their professional qualification in speech and language therapy in a language other than English).
* Completed MRA Application Form and /Full Membership Fee.

For further details of additional information please go to: ‘Procedures for Application for Membership to the Irish Association of Speech and Language Therapists under the Agreement for the Mutual Recognition of Professional Association Credentials (MRA) 2017’ which can be accessed from www.iaslt.ie under the MRA section of Full Membership.

**For Office Use Only**

**Received:**

🞏 Completed application form and relevant documents

🞏 Letter of Good Standing from home MRA association

🞏 Full Member Membership Fee (€200)

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_