**2020 application for Membership of the Association of Business Mentors**

The Association of Business Mentors (ABM) is the professional association working to improve and professionalise business mentoring in the UK. Through member training and accountability, the ABM improves access to highly experienced business mentors and coaches and promotes the value and benefit of engaging professional business mentors to the UK business community.

In order to become a member, the ABM expect you either to:

(a) have started, run and or owned a business, or to have played a significant operational role in such a business;

or

(b) have managed a significant business unit or profit centre in a large corporate.

We welcome applications from business mentors consultants and coaches who are yet to have been engaged by a client or mentoring in the workplace but have business experience and an interest in developing their business mentoring skills. If your application is successful you will be recognised as a **Member of the ABM**.

To be recognised as a **Full Member** it is necessary to have worked as a mentor or coach with at least three businesses over a minimum of two years. Please set out those which you have mentored in the last three years whom we may contact as referees in the box on page 6.

Please indicate here the type of membership you are applying for:

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**Member**: **Full Member**:

As part of our ongoing development of the ABM, in 2020 we will have two pathways to become a **Professional Member,** the details of which will be announced in due course.

Our [charter](https://www.associationofbusinessmentors.org/pages/29-abm-charter) is part of this application. When you apply for membership you agree to accept and abide with its ethos and content.

The ABM believes that “In Mentoring we don’t know what we don’t know,” and that “we never stop learning,” we therefore encourage all members to participate in a programme of continuous learning and understanding, by ‘progressing’ from Member to Full Member to Professional Member.

As part of the membership process for Full Membership we undertake background checks of the details you supply. We do this by taking references and research into the information you provide.

**Personal details**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Middle Name |  |
| Surname |  | | |
| Company Name |  | | |
| Company Registration Number |  | Date Started Trading |  |
| Trading Address |  | | |
|  | | |
| Town |  | Postcode |  |
| Email |  | | |
| Website |  | | |
| Landline |  | Mobile |  |
| LinkedIn |  | | |

**Business Experience Summary**

Directorships, Partnerships and or positions held: (Please add to the list if required)

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| --- | --- | --- |
| Name | Company Organisation | Dates |
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Please outline the experience you have that would add value to a client; individual or company. (*250 words maximum*)

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**Mentoring Experience:** Please provide a summary of any business mentoring and or business coaching (please differentiate between the two) you have already undertaken and client or mentee successes that have been achieved as a result of your work with them. (250 words maximum)

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**Why you wish to become or are a mentor (250 words maximum)**

* What motivates you to mentor and or coach,
* What are the differences that you discern between Business Mentoring, Coaching and Consulting?
* Anything else you feel is relevant to your application e.g.: business successes, failures, lessons learned, other roles you may have had, awards you have received.

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**Your challenges:** Please Indicate the top 3 challenges you face (or expect to face) as a business Mentor or Coach

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| 1. |
| 2. |
| 3. |

**Your clients’ or mentees’ challenges:** Please indicate the top 3 challenges client businesses experience

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| --- |
| 1. |
| 2. |
| 3. |

**Qualifications:** Please provide details of relevant academic, professional and business qualifications with accredited body and dates.

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| --- | --- | --- |
| Qualification | Accredited Body | Dates |
|  |  |  |
|  |  |  |
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**Professional Memberships:** Please provide details of current Professional / Association Memberships:

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| --- | --- |
| Membership Details | Dates |
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**Insurance Details**: PI insurance is a prerequisite for membership (excludes workplace mentors), please provide a copy of the Insurance Certificate as an attachment to this application. (If you are yet to obtain insurance many of our members use Westminster Insurance <https://westminster.global/uk/>)

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| Broker: |
| Professional Indemnity cover £ |

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| **Specialist Experience and Competence:**Please assess yourself in each of the following areas using the following scoring system. As part of your commitment to continuous learning and to help the Association provide relevant training opportunities. Please note you will be able to upload your skills (the eight headings only and not the score given) to the ABM website to enable mentees to search for mentors with specialisms they are looking for in a mentor.  **1= Working knowledge | 2= Competent| 3= Proficient** | | | |
| **Business Strategy & Planning** | | **Finance & Administration** | |
| Business Strategy |  | Accounting |  |
| Business Planning & Goal Setting |  | Funding |  |
| Business Consultancy |  | Legal |  |
| Dealing with regulatory environment |  | Business modelling |  |
|  |  |  |  |
|  | | | |
| **Marketing & PR** | | **Sales** | |
| Developing New Products/Services |  | Sales Strategy |  |
| Finding New Markets |  | Business Development |  |
| Taking products/services to market |  | Relationship Management |  |
| Social Media |  | Distribution |  |
| Marketing Strategy |  |  |  |
|  | | | |
| **Human Resources** | | **IT/Technology** | |
| Building Networks & Teams |  | IT use |  |
| Change Management |  | Infrastructure |  |
| Managing People |  | Software |  |
| Leadership |  | Systems implementation and processes |  |
|  |  |  |  |
|  | | | |
| **Operations** | | **Growth** | |
| Operations Efficiency |  | Start-up & Expansion |  |
| Purchasing |  | International Growth |  |
|  |  | Buying and/or Selling a Business |  |
|  |  | Succession Planning |  |
|  |  |  |  |

**Referees for individuals wishing to become Full Members of the ABM (three required)**

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| --- | --- | --- |
| Name | Company / Organisation | Contact details |
|  |  |  |
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**Continuous improvement of the ABM:** in order to provide the best possible experience to our members, the ABM would like you to identify the top 3 services that you would like the ABM to provide in order to help you in your mentoring or coaching business

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| --- |
| 1. |
| 2. |
| 3. |

**UK regions**

The ABM has Regional chairs throughout the UK and we encourage new members to become active in the region of their choice. Your region will also be published in your website profile for mentees to see. Please indicate the region you wish to be affiliated to below.

**A close up of a map

Description automatically generated**

|  |  |
| --- | --- |
| **Regions** | **Please indicate which region you wish to be affiliated to:** |
| Northern Ireland |  |
| Scotland |  |
| North East |  |
| North West |  |
| Yorkshire & Humber |  |
| East Midlands |  |
| West Midlands |  |
| Wales |  |
| South West |  |
| South East |  |
| London |  |
| Eastern |  |

How did you hear about the ABM?.............................................................................................

If you use a particular business tool or tools that you believe may assist our members, please list here and whether you could make them available to the ABM

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**Statement**

By giving my details I am applying to join the ABM and agree to receive emails, newsletters, blogs and details of ABM events.

I agree to my details being used on the ABM website and mobile application in order for business owners to search in a public area.

I agree to all references and background checks being undertaken.

I understand I may cancel my membership at any time, with no refund of that current year’s, or month (if fees are paid monthly), membership with the loss of all benefits and privileges that membership may bring including use of the ABM name and logo.

By joining I agree to continue my professional development as a business mentor and to abide by the ABM [Charter](https://www.associationofbusinessmentors.org/pages/29-abm-charter).

I confirm I have also read the ABM’s privacy policy

<https://www.associationofbusinessmentors.org/privacy-policy/>

and consent to the ABM keeping and sharing my data in accordance with that policy. (The ABM will not share or sell your data to any third-party organisation without your specific consent).

Signature ................................................................ Date…………………..

**Payment details**

One off joining fee of £70 to be paid with the first membership fees payment.

I agree to pay the annual fee of £220 by direct debit (GoCardless), (or £200 if paid in one lump sum on the anniversary of my application) details of which will be emailed on the acceptance of my application in the following way:

£200 annually

£18.33 monthly

I understand that failure to pay the agreed fee when it is applied for, may lead to the forfeiture of my membership.

**Signature ................................................................ Date…………………..**

(Wet or virtual signatures please)

**Thank you for completing the application form now please lease return via email to** [**enquiries@associationofbusinessmentors.org**](mailto:enquiries@associationofbusinessmentors.org)

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| **Office Use Only Date:**   |  |  | | --- | --- | | **Application form acknowledged & reviewed** |  | | **References Taken** |  | | **References Received** |  | | **Directorships, Partnerships, Positions checked** |  | | **Application agreed, delayed or denied (with reason)** |  | | **Membership fees set up** |  | | **Added to membership database** |  | | **Membership Pack emailed** |  | | **Welcome letter from Chair emailed** |  | | **Regional Head advised** |  | | **Latest Newsletter emailed** |  | |  | |  |  | |  |  | |  |  | |  |  | |  |  | |
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