

The only Professional body representing both business mentors and coaches in the UK.

Please email your completed application to:

E: enquiries@associationofbusinessmentors.org

About you and your Business

Please provide a headshot as an attachment. This will appear in the members directory public area of the website. Leave blank if you do not wish to supply one.

Application Type : Associate : Full :

PERSONAL INFORMATION

Full Name :

Address :

Postcode :

Email :

LinkedIn :

Phone :

Region where you would like your membership to be registered :

- London
- South
- Central
- North

Business Information

Country : Ethnicity : Date of Birth : Gender :

Company/Trading Name:

(Registered) Address :

Date Established : / /

Website:

Registration No. :

Main Business Purpose :

Company Status :

Postcode :

Geographical Operating Area :

THANK YOU FOR YOUR APPLICATION

More Information :

Did you know the ABM is a Company limited by guarantee, i.e. there are no shareholders?

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Business and Mentoring Experience

BUSINESS EXPERIENCE

Please list here details of any Directorships, Partnerships or positions held (please continue with an appendix if necessary)

Business Name	Position Held	Nature of Business	Dates (From/To)

MENTEE/COACHEE INFORMATION

If applying as an experienced mentor (Full Member) please provide at least three businesses you have mentored in the last two years, totalling 30 hours of support.

Business Name	Nature of Business	How you Helped	Dates (From/To)

More Information :

The ABM is run by Members for Members,
please ask how you may get involved!

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**Some background
information**

WHY DO YOU WISH TO BECOME A MEMBER OF THE ABM?

WHAT MOTIVATES YOU TO MENTOR OR COACH?

MENTORING EXPERIENCE

Please provide an overview of your mentoring/coaching experience

More Information :

Our members feel supported as part of a
community of like minded professional
people.

Member Application |

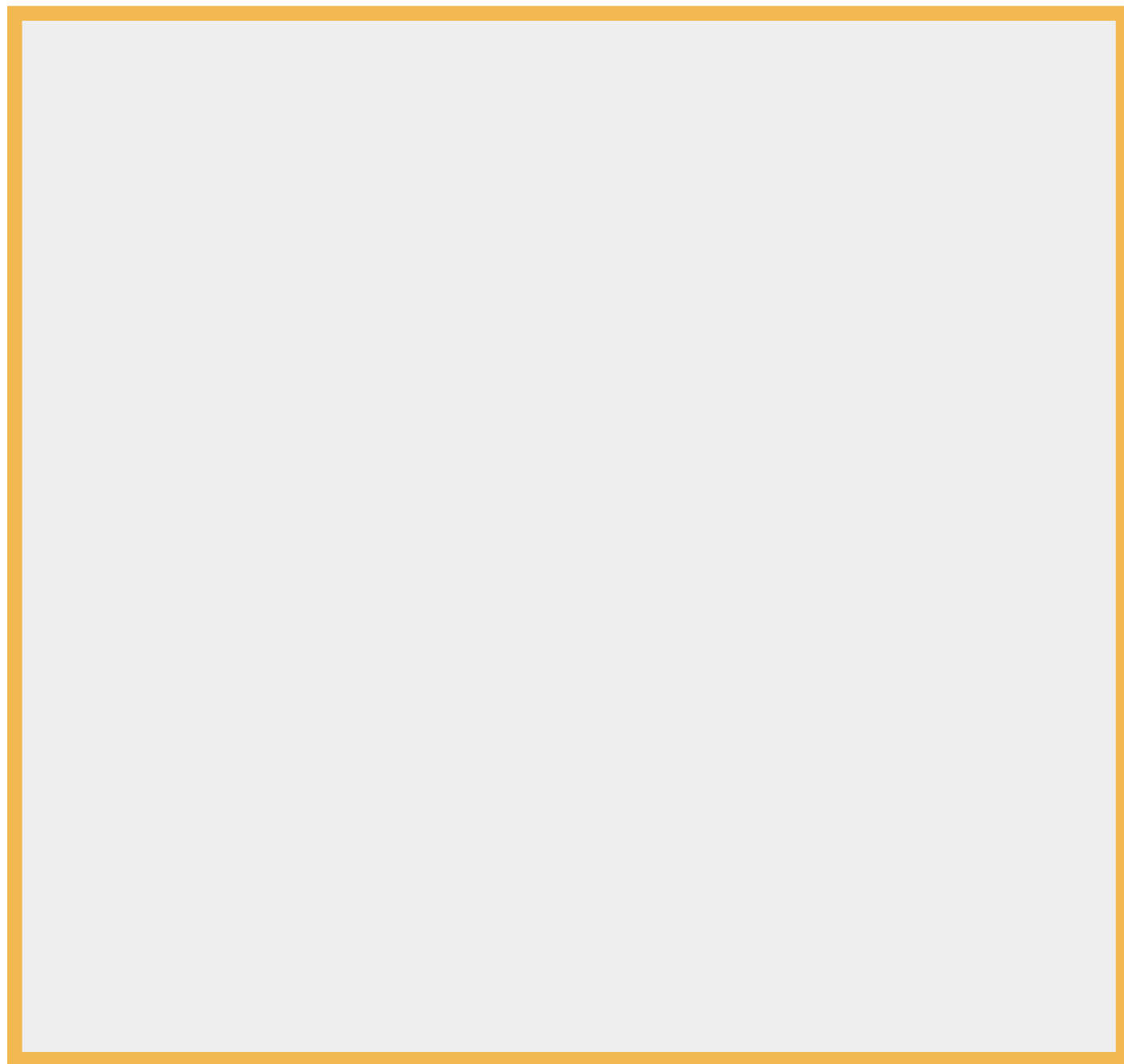
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Case Study

FULL MEMBER APPLICATION CASE STUDY



More Information :

Have you read our helpful guide to
completing your case study?

Member Application |

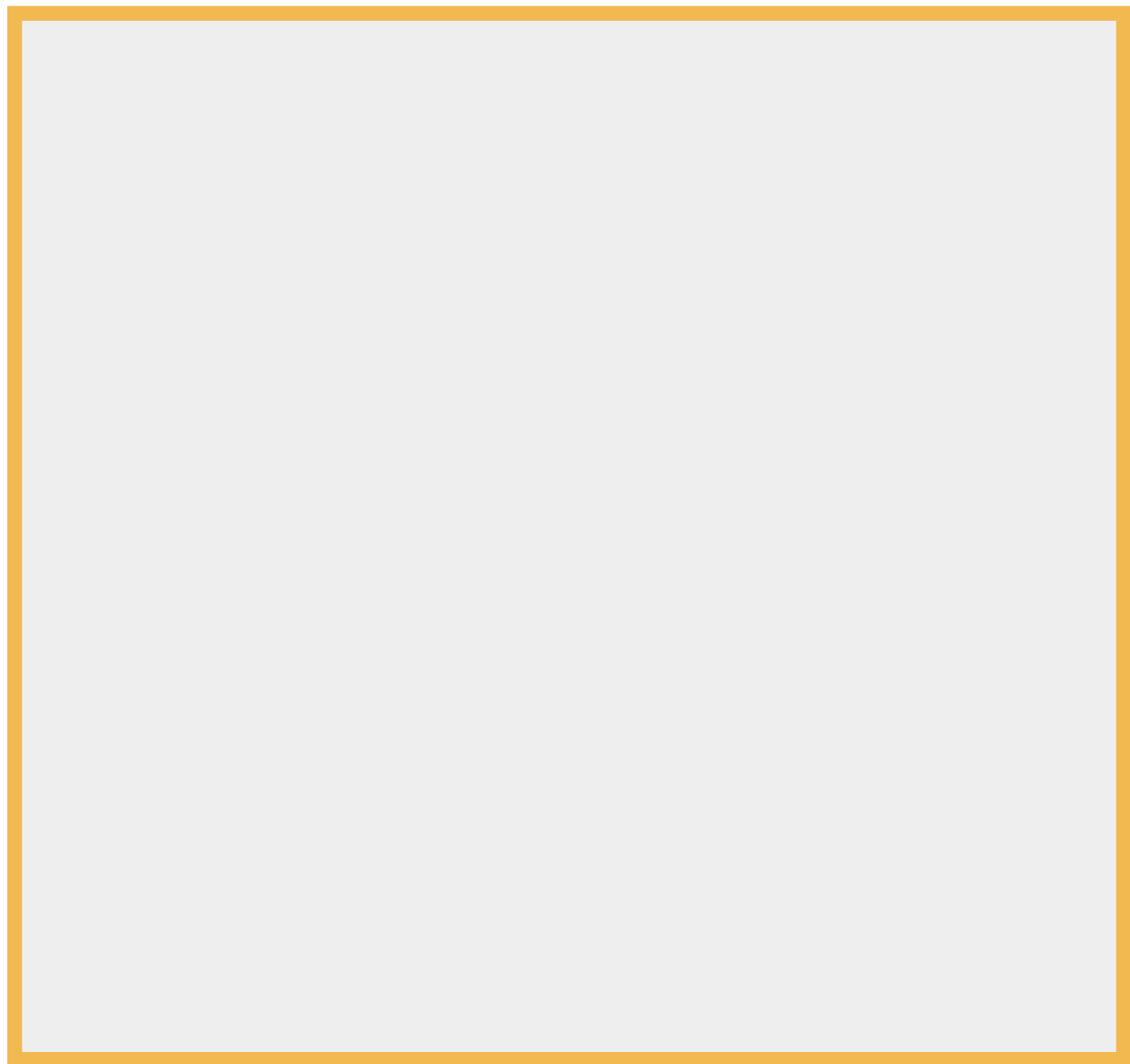
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Professional Standing

QUALIFICATIONS

Qualification	Awarding Body	Date

PROFESSIONAL MEMBERSHIPS

Name	Title	Date

PUBLISHED MATERIALS, PAPERS OR BOOKS

Title	Date

PROFESSIONAL INDEMNITY INSURANCE

Please provide a copy of your insurance certificate. The ABM has partnered with <https://westminster.global.uk/> for PI Insurance.

Provider	Amount of Cover	Date of Renewal

More Information :

Did you know you can now become
professionally qualified with the ABM?

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Information for you

ENTERPRISE NATION

ABM Partner 'Enterprise Nation' provides a years' complimentary membership to ABM Members to join as "Advisor Members". If you would like to take advantage of this membership offer please indicate here. By doing so you agree for your details to be shared with Enterprise Nation.

TRAINING & DEVELOPMENT

In conjunction with the Institute of Leadership & Management (ILM) and our training partner, The ABM has developed a unique set of business mentoring and coaching qualifications. If you would like more information please tick below: (ABM Members receive preferential rates)

Level 3 Endorsed Qualification in Business Mentoring & Coaching

Level 5 (Degree) Senior & Executive Coaching & Mentoring (Business)

Level 7 (Masters) Senior & Executive Coaching & Mentoring (Business)

There is a waiting list for all qualifications. All courses take place in cohorts of ABM members and are fully supported by course tutors in both group and one to one situations.

GET INVOLVED

We encourage members to get involved as much as their spare time allows. If you have a particular skillset that you believe may help grow or promote the ABM please indicate below:

Marketing, Membership Growth, Podcasts, Webinars, Funding, Sponsorship, Administration etc

More Information :

The ABM loves showcasing its members. If you'd like to run a webinar or podcast or be interviewed by our marketing team, get in touch.

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Help us to help you

GROWING OUR MEMBERSHIP

If you know of someone that could benefit from ABM membership or would like more information please provide their details here:

Name

Email

HOW DID YOU HEAR ABOUT US?

ANY OTHER INFORMATION

If there is any information you would like to share that isn't covered in this application please provide it here. How we can help you, how you can help us, any special skills?

More Information :

If each member recommended just one person for membership each year we would double our numbers every year!

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Agreement

STATEMENT OF APPLICATION

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

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 quarterly), membership with the loss of all benefits and privileges that membership may bring including use of the ABM name and logo.

By joining I commit and agree to continue my professional development as a business mentor and to abide by the ABM Charter and the Professional Code of Ethics.

I confirm I have also read the ABM's privacy policy.

<https://www.associationofbusinessmentors.org/pages/9-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).

Applicants Signature

Applicants Printed Name

Date

More Information :

The ABM is only as strong as its member participation, so we encourage you to get involved wherever and whenever you can!

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Financials

PAYMENT AGREEMENT

Membership: I agree to the one off administration fee of £120.00 to be paid with the first membership fee 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

£55.00 per quarter

If you pay by invoice and BACS, rather than direct debit, an additional £20.00 administration charge will be added to your annual membership fee.

Failure to pay the agreed fee when it is applied for, may lead to the forfeiture of your membership and the use of all logos.

More Information :

The ABM relies on its membership fees and training license fees for income.

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What now?

WHAT HAPPENS NEXT?

1. Your application will be reviewed by a member of the ABM Executive Team who will make a recommendation based on your answers provided.
2. If you have applied for FULL Membership we will be in touch to arrange for your professional interview.
3. Due diligence checks will be carried out on the information you have provided for business details and social media profiles.
4. When the above has been completed you will be emailed. Your application will either be accepted, deferred or rejected with an explanation as to why we cannot accept it at this time. This process usually takes approximately ten days but can sometimes take longer.
5. If accepted, you will be asked to pay the membership fee and the administration fee for joining, and a direct debit mandate for future membership payments.

You will receive:

- Membership certificate
- Welcome letter from the Chairman of the Association
- Digital logo for you to use in your email and other signatures
- Social media announcement template for you to promote and celebrate your membership

The success of any membership organisation is based on how active its members are, we therefore work on the member benefit promise "The more you put in, the more you get out."

So, we urge you to get in touch, stay in touch and work with us to make the ABM a professional association and community to be proud of.

More Information :

We are looking for a headline corporate sponsor and a business patron. If you know of anyone that may be interested in working with us to promote business mentoring nationally please get in touch.

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ABM Use Only

DUE DILIGENCE CHECK

DUE DILIGENCE CHECKS PERFORMED BY:

**INTERVIEWER/APPROVER COMMENTS, INCLUDE RECOMMENDATION TO
DECLINE, DEFER OR ACCEPT WITH REASON**

INTERVIEWER 1:

INTERVIEWER 2:

APPLICATION DECISION: DECLINE/DEFER/ACCEPT

APPLICATION APPROVAL DATE:

APPLICANT INFORMED DATE:

APPLICATION APPROVED BY:

Remember

Please initial and date each entry
above

**Association of Business Mentors
Equality & Diversity Membership Monitoring Form**

Associate

Full

In accordance with our Equality and Diversity Policy, we are monitoring membership applications to ensure that we provide equal opportunities to any member and make sure that discrimination does not occur because of race, sex, sexual orientation, gender reassignment, religion or belief, marital or civil partnership status, age, disability, or pregnancy and maternity.

So that we can assess the success of this policy, we have set up a system of monitoring all membership applications. We would be grateful, therefore, if you would complete the questions on this monitoring form and return it with your application.

All information supplied will be treated in confidence and will not be seen by staff directly involved in the assessment of the application. The monitoring form will be detached from your application form, stored separately and used solely to provide statistics for monitoring purposes.

Thank you for your help.

Confidential

1. Gender Assigned at Birth	<input type="checkbox"/> Male <input type="checkbox"/> Prefer Not to Say
	<input type="checkbox"/> Female <input type="checkbox"/> Prefer Not to Say

2. Which of the Following Best Reflects Gender Identity	<input type="checkbox"/> Male <input type="checkbox"/> In Another Way
	<input type="checkbox"/> Female <input type="checkbox"/> Prefer Not to Say

3. Does Gender Align with Gender Assigned at Birth	<input type="checkbox"/> Yes <input type="checkbox"/> Prefer Not to Say
	<input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Say

4. Preferred Title	<input type="checkbox"/> Miss <input type="checkbox"/> Mr
	<input type="checkbox"/> Ms <input type="checkbox"/> Dr
	<input type="checkbox"/> Mrs
	<input type="checkbox"/> Other:

5. Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single
	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
	<input type="checkbox"/> Separated
	<input type="checkbox"/> Civil Partner
	<input type="checkbox"/> Other:

6. Ethnic Origin	<input type="checkbox"/> English/Welsh/Scottish/Northern Irish <input type="checkbox"/> Black Caribbean
	<input type="checkbox"/> Irish <input type="checkbox"/> Black African
	<input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Asian
	<input type="checkbox"/> Any Other White Background <input type="checkbox"/> South Asian

<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any Other Asian Background	<input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any Other Black/African/Caribbean Background
<input type="checkbox"/> Arab <input type="checkbox"/> Any Other Ethnic Group	

7. Religion or Belief	<input type="checkbox"/> No Religion or Belief	<input type="checkbox"/> Hindu	<input type="checkbox"/> Sikh
	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Jewish	<input type="checkbox"/> Prefer Not to Say
	<input type="checkbox"/> Christian	<input type="checkbox"/> Muslim	<input type="checkbox"/> Other – Please Specify

8. Disability	Do you consider yourself to be disabled under the Equality Act 2010?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<small>(The Disability Discrimination Act (1995) – still in force under the Equality Act 2010 - defines disability as “a physical or mental impairment that has a substantial, long-term and adverse effect on a person’s ability to carry out day to day activities.)</small> If yes, what is the nature of your disability? <i>(optional)</i>	

9. Age Range	<input type="checkbox"/> 16 - 24	<input type="checkbox"/> 25 - 34	<input type="checkbox"/> 35 - 44
	<input type="checkbox"/> 45 - 54	<input type="checkbox"/> 55 - 64	<input type="checkbox"/> 65+

10. Sexual Orientation	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Heterosexual/Straight
	<input type="checkbox"/> Gay/Lesbian	<input type="checkbox"/> Prefer Not to Say

Data Protection

The Company treats data collected for reviewing equality of opportunity in recruitment and selection in accordance with its data protection policy.

I consent to the Organisation processing the data supplied in this form for the purposes of equal opportunities monitoring in membership assessment. I understand I may withdraw my consent to the processing of this data at any time by notifying the Data Protection Officer.

Applicant's Name:	Date:
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