**JOINING THE ISBA
APPLICATION PACK**

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| **This application pack contains:*** A short brief explaining the different categories of membership available
* An application form for a school to join the ISBA as either a Full, Associate or International Associate member

Should you require any further information, please contact the ISBA Membership Manager:**ISBA****Bluett House****Unit 11/12 Manor Farm****Cliddesden****Basingstoke****Hampshire RG25 2JB****Tel:** 01256 330369**Email:** clairecrow@theisba.org.ukCompany Number: 6410037 Registered Charity Number: 1121757 |

February 2019

**TYPES OF MEMBERSHIP**

ISBA is a charitable company limited by guarantee.  The ISBA Articles of Association, which may be viewed on the ISBA website ([www.theisba.org.uk](http://www.theisba.org.uk/)) explain that there are two categories of membership open to educational charities, schools and other organisations, namely Full Membership and Associate Membership.  Schools outside the UK are eligible for Associate Membership only and are referred to as Overseas Associate Members.

**Full Members** are members of ISBA for the purposes of the Companies Acts and therefore have the right to vote at its general meetings.  Full Membership is open to any charity or other organisation which:

1. is separately constituted under its own legal governing document; and
2. is (or has a governing body or member of staff who is) in full membership of any one of the associations that are constituent members of the Independent Schools Council; and
3. either:
4. runs or controls a single independent school in the UK (provided that if a charity or other body runs a pre-preparatory, preparatory and/or senior school under the same Department of Education registration number it shall be treated as running a single school); or
5. runs or controls more than one independent school in the UK under different Department of Education registration numbers, save that, where each independent school that it runs would, but for this paragraph (c), itself be an Eligible School, the charity or other organisation in question shall only be an Eligible School if it operates at least one of those schools directly.

**Associate Members** enjoy most of the privileges of Full Members, but are not members of ISBA for the purposes of the Companies Acts and do not have the right to vote at general meetings or to propose candidates for election to the Executive Committee.  Associate Membership is open to:

1. an independent school in the UK which is not separately constituted under its own legal governing document; or
2. a charity or other organisation which operates one or more independent schools, none of which is situated within the United Kingdom; or
3. a charity or other organisation which runs or controls one or more independent schools in the United Kingdom, but is not (and does not have a governing body or member of staff which/who is) in full membership of any one of the associations that are constituent members of the Independent Schools Council; or
4. a charity or other organisation which runs more than one independent school in the UK under different Department of Education registration numbers, all of which are separately constituted under their own governing document; or
5. any other school, charity or organisation which the Full Members elect pursuant to Article 6.4(b) on the recommendation of the Executive Committee.

All applicants must complete the relevant application form (copies of which are attached) and pay the relevant subscription (details of which are available from the Membership Manager ISBA).  Applicants for Full and Associate Membership must be approved by the Board of ISBA.    Depending upon timing of the application, Temporary Associate Membership will be granted pending the next Board meeting.

**APPLICATION TO JOIN THE ISBA**

 **PLEASE COMPLETE THE FOLLOWING IN BLOCK CAPITALS USING BLACK INK**

Please note that it is the charity or organisation that runs your School that is the Applicant and becomes a Member of ISBA, and not the Bursar (or equivalent)

**Type of Membership being applied for (tick as appropriate):**

|  |  |
| --- | --- |
| ☐ | Full |
| ☐ | Associate |
| ☐ | International Associate |

**Section 1 – The School**

|  |  |
| --- | --- |
| Name of Applicant(i.e. The charity or organisation that runs the School) |  |
| Name of School |  |
| Address of School |  |
|  |
|  | Postcode |  |
| Telephone |  |
| School Office e-mail address |  |
| Accounts Department e-mail address |  |
| Website |  |

|  |  |  |  |
| --- | --- | --- | --- |
| To which of the ISC’s Associations does the School belong?(Please check all that apply and indicate Full or Associate member where applicable) |  | **Full** | **Associate** |
| ☐ | AGBIS | ☐ | ☐ |
| ☐ | GSA | ☐ | ☐ |
| ☐ | HMC | ☐ | ☐ |
| ☐ | IAPS | ☐ | ☐ |
| ☐ | ISA | ☐ | ☐ |
|  |  | **Full** | **Associate** |
| Non Constituent Associations\* | ☐ | SHMIS/SoH\* | ☐ | ☐ |
| ☐ | BSA\* | ☐ | ☐ |
| ☐ | SCIS\* | ☐ | ☐ |
| ☐ | WISC\* | ☐ | ☐ |
| ☐ | COBIS\* | ☐ | ☐ |

|  |  |
| --- | --- |
| Applicant School DfE Number | / |
| Are any of the following part of the School?(Leave blank if non-applicable) | ☐ | Nursery |
| ☐ | Pre-Prep |
| ☐ | Prep |
| ☐ | Senior |
| ☐ | Sixth form |
| ☐ | Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If **YES**, do they fall under the same School name and DfE number? |  | ☐ YES ☐ NO |
| If **NO**, please list the **School Name, Location** and **DfE Number** below; |
| School Name & Location | e.g. Bluett School, Basingstoke | DfE Number | 012 / 3456 |
| School Name & Location |  | DfE Number | / |
| School Name & Location |  | DfE Number | / |
| School Name & Location |  | DfE Number | / |
| School Name & Location |  | DfE Number | / |
| School Name & Location |  | DfE Number | / |
| Are you part of a school group? | ☐ YES ☐ NO  |
| If **YES** please provide the School Group Name |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Attendance | ☐ | Day only | ☐  | Day & Boarding  | ☐ | Boarding only |
| If **YES** to Boarding | ☐ | Full Boarding | ☐  | Flexi Boarding | ☐ | Weekly Boarding |
| Pupil gender | ☐  | Co-educational | ☐  | Boys only | ☐ | Girls only |
| Male age range | \_\_\_ years old to years old |
| Female age range |  years old to years old  |
| Pupil numbers(Total pupil numbers declared in the ISC/DfE census in January of the subscription year) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Religious Affiliation(Tick as appropriate) | ☐ | Non-denominational | ☐ | Hindu |
| ☐ | Church of England | ☐ | Church of Scotland |
| ☐ | Roman Catholic | ☐ | Church of Wales |
| ☐ | Jewish | ☐ | Quaker |
| ☐ | Muslim | ☐ | Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| Is your organisation or charity constituted under its own legal governing document? | ☐ YES ☐ NO |
| Is your organisation a Company Limited by Guarantee? | ☐ YES ☐ NO |
| If **YES** please provide; | The Company Name: |  |
| The Company Registration Number: |  |
| Is the Applicant a Registered Charity? | ☐ YES ☐ NO |
| If **YES** please provide; | The Charity Name: |  |
| The Charity Registration Number: |  |

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| Is the school located within the EU (but outside the UK)? | ☐ YES ☐ NO |
| If **YES**, is the school VAT registered? | ☐ YES ☐ NO |
| If **YES** please provide VAT registration number (including country code): |  |

**Section 2 – The Bursar (or other authorised representative)**Please complete in respect of the person who will be your School’s contact for ISBA.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title(Tick as appropriate) | ☐ | Mr | ☐ | Miss |
| ☐ | Mrs | ☐ | Other (please specify) |
| ☐ | Ms |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Forename |  |
| Preferred name(if applicable) |  |
| Surname |  |
| Qualifications/Post nominals |  |
| Job title |  |
| Direct telephone |  |
| E-mail address(for communication, document distribution etc.) |  |
| Month / Year became a Bursar(or equivalent) | / |
| Month / Year started in current appointment | / |

**Section 3 – Name of person responsible for or manager different from Bursar**

|  |  |  |  |
| --- | --- | --- | --- |
| Head |  | E-mail |  |
| Chair of Governors |  | E-mail  |  |

**Section 4 – Subscription**If joining part way through the subscription year (1 Jan – 31 Dec), please contact the ISBA office.

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| --- | --- | --- |
| Payment method(Tick as appropriate) | ☐ | BACS |
| ☐ | Credit card |
| ☐ | Debit card |
|  |  |
| After initial payment, for subsequent years payment must be made by Direct Debit(Form included) | £ |   |
| **Lloyds TSB****Branch****Account name****Sort code****Account number** | BasingstokeIndependent Schools’ Bursars Association30-90-5336349068 |

**Section 5 – Application**Schools can apply for either Full or Associate Membership

* Schools applying for Full Membership, please complete **Section A** overleaf
* Schools applying for Associate Membership (including Overseas Associate), please complete **Section B** overleaf

**A. Application for Full Membership**

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| The Applicant hereby applies for Full Membership of ISBA and confirms the information provided to support the application is correct. The Applicant agrees to be bound by the Articles of Association of ISBA and undertakes to contribute to the assets of ISBA, in the event of the same being wound up while it is a Full Member, or within one year after it ceases to be a Full Member, for payment of the debts and liabilities of ISBA contracted before it ceased to be a Full Member and of the costs charges and expenses of winding up and for the adjustment of the rights of the contributories among themselves, such amount as may be required not exceeding £10 (ten pounds). |
| Signed for and on behalf of the Applicant |  |
| Full name(please print) |  |
| Position |  | Date |  |

**B. Application for Associate Membership (including Overseas Associate)**

|  |
| --- |
| The Applicant hereby applies for Associate Membership of ISBA and confirms the information provided to support the application is correct.The Applicant agrees to be bound by the Articles of Association of ISBA. |
| Signed for and on behalf of the Applicant |  |
| Full name(please print) |  |
| Position |  | Date |  |

|  |  |
| --- | --- |
| How did you hear about ISBA? | ☐ Direct mailing☐ Attending an ISBA event☐ ISBA publication☐ Recommended by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- |
| **PLEASE RETURN TO****Email**or;**Post** | The Membership Managerclairecrow@theisba.org.ukMrs Claire CrowMembership ManagerISBABluett HouseUnit 11-12 Manor FarmCliddesden, BasingstokeHampshireRG25 2JB |