

JOINING ISBA APPLICATION PACK

This application pack contains:

- A short brief explaining the different categories of membership available.
- An application form for a school to join ISBA as either a Full, Associate or International Associate member.

Should you require any further information, please contact the ISBA Membership Team:

Email: membership@theisba.org.uk

Tel: +44 (0) 1256 330369

ISBA
167-169 Great Portland Street
5th Floor
London
W1W 5PF

Company Number: 6410037 Registered Charity Number: 1121757
Registered in England and Wales

TYPES OF MEMBERSHIP

ISBA is a charitable company limited by guarantee. The ISBA Articles of Association, which may be viewed on the ISBA website (<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 International Associates. Education groups are also eligible to join.

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:

- (a) is separately constituted under its own governing document.
- (b) 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.
- (c) and such charity or organisation under (a) or (b) above either:
 - (i) runs or controls a single independent school in the UK (provided that where a charity or other body runs a pre-preparatory/nursery, preparatory and/or senior school under the same Department for Education registration number it shall be treated as running a single school); or
 - (ii) runs or controls more than one independent school in the UK under different Department for Education registration numbers, so long as it operates at least one of those schools directly; or
 - (iii) runs or controls any other school, charity or organisation approved by the ISBA Board; or
 - (iv) such other independent school which in the opinion of the Board is eligible for Full Membership. This includes schools, such as state boarding schools, which combine an independent and a state-funded element.

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 Board. Associate Membership is open to:

- (a) an independent school in the UK which is not separately constituted under its own governing document; and which is not otherwise eligible to be a Full Member.
- (b) a charity or other organisation which operates one or more independent schools, none of which is situated within the UK.
- (c) a charity or other organisation which runs one or more independent schools in the UK, but is not in full membership of any one of the associations that are constituent members of the Independent Schools Council; or is a "holding company", foundation of group for schools but does not run them directly
- (d) 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
- (e) any other school, charity or organisation approved by the Board which in its opinion of the Board is eligible for Membership.

APPLICATION TO JOIN 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) individually

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

<input type="checkbox"/> Full
<input type="checkbox"/> Associate
<input type="checkbox"/> International Associate

Section 1 – The School

Name of Applicant (i.e. The charity or organisation that runs the school)			
Name of School			
Address 1			
Address 2			
Address3			
Town			
County			
Country		Postcode	
Telephone (incl. international dialling code)			
Applicants email address			
School Office email address			
Accounts Department email address			
Website			

To which of the ISC's Constituent Associations does the school belong?	<input type="checkbox"/> AGBIS <input type="checkbox"/> GSA <input type="checkbox"/> HMC <input type="checkbox"/> IAPS <input type="checkbox"/> ISA <input type="checkbox"/> SoH
Non-Constituent Associations*	<input type="checkbox"/> BSA* <input type="checkbox"/> SCIS* <input type="checkbox"/> WISC* <input type="checkbox"/> COBIS*
Other Relevant Sector Association (Please State)	

Applicant School DfE Number	/		
Are any of the following part of the school? (Leave blank if non-applicable)	<input type="checkbox"/> Nursery		
	<input type="checkbox"/> Pre-Prep		
	<input type="checkbox"/> Prep		
	<input type="checkbox"/> Senior		
	<input type="checkbox"/> Sixth form		
	Other (please specify):		
If YES, do they fall under the same School name and DfE number?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
If NO, please list the School Name for each associated school, Location and DfE Number (or other non-UK reference number) below:			
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	/
School Name & Location		DfE Number	/
Are you part of a school group?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, please provide the School Group Name			
Is the School Group charitable or for profit?			
Pupil gender	Male: <input type="checkbox"/> YES <input type="checkbox"/> NO	Female: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Male attendance (if applicable)	<input type="checkbox"/> Day only	<input type="checkbox"/> Day & Boarding	<input type="checkbox"/> Boarding only
If YES to Boarding	<input type="checkbox"/> Full Boarding	<input type="checkbox"/> Flexi Boarding	<input type="checkbox"/> Weekly Boarding
Male age range	years old to years old		
Female attendance (if applicable)	<input type="checkbox"/> Day only	<input type="checkbox"/> Day & Boarding	<input type="checkbox"/> Boarding only
If YES to Boarding	<input type="checkbox"/> Full Boarding	<input type="checkbox"/> Flexi Boarding	<input type="checkbox"/> Weekly Boarding
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)	<input type="checkbox"/> Non-denominational	<input type="checkbox"/> Hindu
	<input type="checkbox"/> Church of England	<input type="checkbox"/> Church of Scotland
	<input type="checkbox"/> Roman Catholic	<input type="checkbox"/> Church of Wales
	<input type="checkbox"/> Jewish	<input type="checkbox"/> Quaker
	<input type="checkbox"/> Muslim	<input type="checkbox"/> General but unspecified "Christian Ethos"
Other (please specify)		

Is your organisation or charity constituted under its own legal governing document?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is your organisation a Company Limited by Guarantee?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Please provide;	The Company Name and where registered:		
	The Company Registration Number:		
If NO , what is the legal ownership structure?			
Is the Applicant a Registered Charity?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES , please provide;	The Charity Name and where registered:		
	The Charity Registration Number:		

Section 2 – The Bursar (or other authorised representative e.g., Director of Finance, Operations Manager etc.)

Please complete in respect of the person who will be your School's Primary Contact for ISBA.

Title (Tick as appropriate)	<input type="checkbox"/> Mr	<input type="checkbox"/> Miss
	<input type="checkbox"/> Mrs	<input type="checkbox"/> Other (please specify)
	<input type="checkbox"/> Ms	_____
Forename		
Preferred name (if applicable)		
Surname		
Qualifications/Post nominals		
Job title		
Direct telephone (incl. international dialling code)		
Primary Contact email address		
Month / Year became a Bursar (or equivalent)	/	
Month / Year started in current appointment	/	

Section 3 – Other contacts

Head		Email:	
Chair of Governors		Email:	

Section 4 – Subscription

If joining part way through the subscription year (which runs 1 Jan – 31 Dec), please contact the ISBA Membership Team: membership@theisba.org.uk

Payment method (Tick as appropriate)	<input type="checkbox"/> BACS <input type="checkbox"/> Credit card <input type="checkbox"/> Debit card <input type="checkbox"/> International SWIFT Payment
<i>After initial payment, for subsequent years payment must be made by Direct Debit (form included)</i>	

Section 5 – Application

Schools can apply for either Full or Associate Membership

- Schools applying for Full Membership, please complete **Section A** below.
- Schools applying for Associate Membership (including International Associate), please complete **Section B** below.

A. Application for Full Membership

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 association 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)			
Job title		Date	

B. Application for Associate Membership (including International 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)			
Job title		Date	

How did you hear about ISBA?	<input type="checkbox"/> Direct mailing <input type="checkbox"/> Attending an ISBA event <input type="checkbox"/> ISBA publication <input type="checkbox"/> Recommended by _____
Other:	

PLEASE RETURN TO Membership Team

Email membership@theisba.org.uk

Or

Post Membership Team
ISBA
167-169 Great Portland Street
5th Floor
London
W1W 5PF
United Kingdom

Section 6 – Direct Debit Completion

Direct Debit Mandate can be found on the following page.

When completed, please can you send an electronic version of the form to:

membership@theisba.org.uk

Also, please can you provide the following by email to membership@theisba.org.uk:

1. The email address to which you would like Direct Debit notifications to be sent.
2. An email from the email address provided in 1, above, so that this email address can be verified.
3. Confirmation of the names of the signatories on the Direct Debit form.
4. Confirmation that the signatories are authorised to sign on the bank account.
5. Confirmation that the signatories are the only ones required to sign the Direct Debit form.

