



**THE ASSOCIATION OF
HYPNOTHERAPY
&
STRESS MANAGEMENT**

MEMBERSHIP INFORMATION

AHSM Membership Information

(Revised September 2020)

INTRODUCTION

The Association of Hypnotherapy & Stress Management was incorporated as a Private Non-Profit Making Company Limited by Members' Guarantee without Share Capital on 7th October 2016, succeeding **The Society of Stress Managers**, which was originally incorporated on 4th February 1999. Membership of **The Association** is open to all therapists who practise, or who are intending to practise, hypnotherapy and/or stress management.

Objectives

The Objectives of the **Association** are:

- to establish and promote a professional association for those persons qualified to nationally accredited standards in hypnotherapy and/or stress management;
- to promote the continuing professional development and vocational training of those persons;
- to raise public awareness of the specialist role of **Hypnotherapists in Stress Management**;
- to do all such things as are incidental or conducive to the attainment of these Objectives.

Membership Secretary: Gill Hines, Serehai, Blakes Hill, North Littleton, Evesham, WR11 8QN
T:08000937419 E: membership@ahsm.org.uk W: www.ahsm.org.uk

Incorporated in England & Wales Registration Number 03707691

MEMBERSHIP

To apply for membership, please read the following and complete and return the Application Form at the end of this document.

The Membership Grades of the **Association** are: **Licentiate (LAHSM)**, **Member (MAHSM)** and **Fellow Member (FAHSM)**. All such members are expected to abide by the Code of Conduct, Ethics and Performance adopted by the **Association** and **The Complementary & Natural Healthcare Council**.

1. LICENTIATE (LAHSM): Open to those who are following or who have completed, but not yet met the additional criteria needed for a higher Membership Grade, a programme of academic and vocational training in hypnotherapy and/or stress management leading to a qualification recognised in terms of hours of study, curriculum and national occupational standards by the **Association** and the **Complementary & Natural Health Care Council** and who have satisfied the following criteria:

- no disciplinary or grievance hearing pending;
- professional liability insurance certificate in place for at least £2 million;
- a commitment to pay the annual subscription either by monthly standing order, annual bank transfer or cheque;
- recommended for Licentiate Status by a recognised hypnotherapy training school and the Association Membership Secretary.

In addition, in order to maintain membership status, a Licentiate is required to have a personal stress audit every six months and is expected to participate in professional networking and continuing professional development (CPD).

2. MEMBER (MAHSM): Open to those who have met additional criteria and completed a programme of academic and vocational training in hypnotherapy and/or stress management which has led to a qualification recognised in terms of hours of study, curriculum and national occupational standards by the **Association** and the **Complementary & Natural Health Care Council**. The additional criteria are:

- minimum of one year in practice following the completion of a programme of academic and vocational training;
- minimum number of fifty clients having started a programme of therapy, supported by documentary evidence;

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- minimum number of thirty clients having shown a case gain during the programme of therapy, supported by documentary evidence;
- no disciplinary or grievance hearing pending;
- professional liability insurance certificate in place for at least £2 million;
- Association annual subscription paid;
- recommended for Member Status by Association Membership Secretary.

In addition, in order to maintain Member Status, a Member is required to have a personal stress audit every six months, and is expected to participate in professional networking and continuing professional development (CPD).

3. FELLOW MEMBER (FAHSM): Open to those who have met further additional criteria and completed a programme of academic and vocational training in hypnotherapy and/or stress management which has led to a qualification recognised in terms of hours of study, curriculum and national occupational standards by the **Association** and the **Complementary & Natural Health Care Council** and who, in addition, have followed a recognised programme of continuing professional development and vocational training. The additional criteria are:

- minimum of five years in practice following the completion of a programme of academic and vocational training;
- minimum number of two hundred clients having started a programme of therapy, supported by documentary evidence;
- minimum number of one hundred and twenty clients having shown a case gain during the programme of therapy, supported by documentary evidence;
- no disciplinary or grievance hearing pending;
- professional liability insurance certificate in place for at least £2 million;
- Association annual subscription paid;
- recommended for Fellow Member Status by Association Membership Secretary.

In addition, in order to maintain Fellow Member Status, the Fellow Member is required to have a personal stress audit every six months and is still expected to participate in professional networking and continuing professional development (CPD). It is also expected that Fellow Members may be consulted, on an occasional basis, by Licentiates and Members about professional matters.

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MEMBERSHIP FEES

The Annual Subscription is £84.00, due on 1st April each year and payable either as an annual sum by bank transfer or cheque made payable to the Association of Hypnotherapy & Stress Management and sent to the Membership Secretary at the address below or by a monthly standing order mandate of £7.00, which must be paid up to 31st March each year.

Licentiates in their first year of training will pay a single annual fee of £25.00 in full by bank transfer or cheque (payable as above) to cover their **Association Membership** for that training year. The membership fee will then change to the normal Annual Subscription as stated above.

Annual payment, when accepted for **Association Membership**, may be made by Bank Transfer to the Account of **The Association of Hypnotherapy & Stress Management** at HSBC Bank plc, Islington Branch, 25 Islington High Street, London, N1 9LJ (Sort Code 40-03-33, Account Number 11239597), by Cheque made payable to **The Association of Hypnotherapy & Stress Management** posted to the Membership Secretary at the address below or by *Monthly Standing Order* (Please request by email a Standing Order Mandate from the Membership Secretary).

(Please see the Membership Application Form below).

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PROFESSIONAL INSURANCE

It is a condition of Association membership that all practising members are fully covered by professional insurance. (Please see the insurance advice and information set out below).

PROFESSIONAL INSURANCE COVER

It is a strict condition of membership of the **Association** that each practising member is fully insured, having in place an insurance policy with cover of at least £2 million, but preferably £5 million. Such an insurance policy should cover any civil liability likely to fall on a member, including professional indemnity, public liability, product liability, libel and slander.

However, as a result of Regulations issued by the **Financial Services Authority** under the Financial Services and Markets Act 2000, the **Association** may not recommend any individual insurance company, nor advise on any particular insurance policy. It is now the responsibility of individual members to satisfy themselves through their insurance broker that any insurance they purchase is adequate for their particular practice. (For further information, please visit the website at <http://www.fsa.gov.uk>).

Moreover, every member who works from home should be aware that not all domestic policies for buildings and contents necessarily provide cover for such home working. Members are advised to check any existing domestic policy very carefully.

The following insurance brokers, among others, are able to offer advice and information on insurance matters: **Howden Professionals**, 1200 Century Way, Thorpe Park Business Park, Colton, Leeds, LS15 8ZA (Tel: 0113 - 251 5011); **Towergate SMG Professional Risks**, 31 Clarendon Road, Leeds, LS2 9PA (Tel: 0113 - 294 4000); **Holistic Insurance Services**, 181A Watling Street West, Towcester, Northamptonshire, NN12 6BX (Tel: 01327 354 249).

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CONTACT

All enquiries about membership of the **Association** should be addressed to the **Membership Secretary** at the address at the foot of this page and to whom all application forms should be returned either by post or by email.

General enquiries about **AHSM** may be addressed to info@ahsm.org.uk or to the **Secretary** at secretary@ahsm.org.uk

We hope that you have enjoyed visiting our website.

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MEMBERSHIP APPLICATION FORM

Dear Membership Secretary,

I wish to apply for membership of **The Association of Hypnotherapy & Stress Management**.

I understand from the **Membership Regulations** (See pages 3 and 4 of this document) that membership of the **Association** is in the following **Grades**:

1. LICENTIATE (LAHSM): Open to those who are following or who have completed, but not yet met the additional criteria for a higher Membership Grade, a programme of academic and vocational training in hypnotherapy and/or stress management leading to a qualification recognised in terms of hours of study, curriculum and national occupational standards by **AHSM** and **CNHC**

2. MEMBER (MAHSM): Open to those who have completed a programme of academic and vocational training in hypnotherapy and/or stress management which has led to a qualification recognised in terms of hours of study, curriculum and national occupational standards by **AHSM** and **CNHC**

3. FELLOW MEMBER (FAHSM): Open to those who have completed a programme of academic and vocational training in hypnotherapy and/or stress management which has led to a qualification recognised in terms of hours of study, curriculum and national occupational standards by **AHSM** and **CNHC** and who - in addition - have followed a recognised programme of continuing professional development and vocational training.

I believe that my membership grade would be **LICENTIATE/MEMBER/FELLOW MEMBER**. *(Please delete as appropriate)*. I enclose copies of my diplomas, certificates, insurance certificate and/or documentary evidence to support my membership application.

Name: **CNHC No: (if applicable)**

Address:

..... **Post Code:**

Telephone: **Email:** **Website:**

Signature: **Date:**

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