**1. APPLICATION TYPE**

In order to apply, you must be over 18 years of age and have a relevant degree or an MBA or be a member of a recognised financial, legal or industrial professional body. Please indicate which type of membership you are applying for:

|  |  |
| --- | --- |
| **CTA** | **CTP** |

# **2. PERSONAL DETAILS**

Title............................................................................... Date of birth (dd/mm/yyyy)...................................................

Forename(s)................................................................. Nationality.............................................................................

Surname......................................................................

Company…………………………………………........... Position / title.........................................................................

Company Address (including country and postcode)

……………………………………..................................................................................................................................................

....................................................................................................................................................................................................

Email address…………………………………………

Business telephone………………………………...... Mobile telephone ……………………………………….........

Address for correspondence (if different from above)

……………………………………..................................................................................................................................................

.....................................................................................................................................................................................................

Preferred contact method…………………………....

# **3. EDUCATION & PROFESSIONAL QUALIFICATIONS**

## Degrees

Degree……………………………………………..................………….............……… Year graduated…………......……….........

College / University…………………………..……………………… Country/City…………………………………………………..……

Please continue on a separate sheet if required.

Certification…………………………………………………………………………… Country ……………………………………………

University / Institution………………………..……………………………… Year……………………………........................…

Membership Number……………………………………… Date of Admission…………………....................

## Executive Education or Professional Qualifications

Degree…………………………………………………………………………………….. Year graduated………………………......

College / University…………………………..……………………… Country/City…………………………………………………..……

Degree…………………………………………………………………………………….. Year graduated……………………....…..

College / University…………………………..…………………… Country/City………………………………………………….…...…

Certification…………………………………………………………………………… Country ……………………………………………

University / Institution………………………..……………………………… Year………………………………

Membership Number……………………………………… Date of Admission……………………

# **5. A: PROFESSIONAL REFERENCES – *CTA APPLICATIONS ONLY***

**Employer 2:** Dates of employment (dd/mm/yyyy): Start……………………….. End………………………..

Company…………………………………………..……… Position / title............................................................................

Immediate supervisor ……….………………...................

Supervisor’s title…………………………………………… Supervisor's telephone:.............................................................

**Employer 3:** Dates of employment (dd/mm/yyyy): Start……………………….. End………………………..

Company…………………………………………..……… Position / title............................................................................

Immediate supervisor ……….………………...................

Supervisor’s title…………………………………………… Supervisor's telephone:.............................................................

**Employer 1:** Dates of employment (dd/mm/yyyy): Start……………………….. End………………………..

Company…………………………………………..……… Position / title............................................................................

Immediate supervisor ……….………………...................

Supervisor’s title…………………………………………… Supervisor's telephone:.............................................................

# **4. EMPLOYMENT HISTORY**

Please provide details of jobs held within the past five years. If additional space is required, please attach a separate sheet.

**Three professional references are only for applicants of the Certified Turnaround Analyst programme. Please ignore this section if applying for Certified Turnaround Professional.**

References from family members is not permitted.

|  |  |
| --- | --- |
| **Referee 1:** |  |
| Name:  | Position/title:  |
| Company:  | Country:  |
| Telephone:  | Email:  |
|  |  |
| **Referee 2:** |  |
| Name:  | Position/title:  |
| Company:  | Country:  |
| Telephone:  | Email:  |
|  |  |
| **Referee 3:** |  |
| Name:  | Position/title:  |
| Company:  | Country:  |
| Telephone:  | Email:  |

**Case studies are only required for applicants for Certified Turnaround Professional. Please ignore this section if applying for Certified Turnaround Analyst.**

Please present an overview of each turnaround case using the [template form](http://www.eactp.eu/apply/how-to-apply) on our website (https://www.eactp.eu/apply/how-to-apply).

All case studies must be from someone who lives or works within the defined EACTP territory (this includes EU countries, continental Europe plus the UK, Eire, Greenland, Iceland, Cyprus and Malta) and must be from within the last ten years, with the last case study no more than three years old at the point of application.

Each case study should be counter-signed by a Referee.

Please also fill in the summary details for each case study and a Referee on this page**.**

# **5. B: CASE HISTORY AND SPONSORS – *CTP APPLICATIONS ONLY***

**Case Study 3:** Company / Organisation………………………..…………………………………………………………………………

Country / jurisdiction……………………………………… Dates of engagement (dd/mm/yyyy) from…………… to………………..

Brief summary of role……………………….…………………………………………………………………………………………….

………………………..…………………………………………………………………………………………………………………………..

**Referee 3:**

Name…………………………………………………………. Position / title……………………………………………………………

Company ………………………………………………………. Country …………………………………………………………………

Telephone………………………………………………… Email……………………………………………………………………...

**Case Study 2:** Company / Organisation……………………….……………………………………………………………………………

Country / jurisdiction……………………………………… Dates of engagement (dd/mm/yyyy) from…………… to………………..

Brief summary of role……………………….…………………………………………………………………………………………….

………………………..…………………………………………………………………………………………………………………………..

**Referee 2:**

Name…………………………………………………………. Position / title……………………………………………………………

Company ………………………………………………………. Country …………………………………………………………………

Telephone…………………………………………… …… Email……………………………………………………………………...

Applicants are also required to provide details of two Sponsors who can attest to their standing in the turnaround community and who will support their application for membership.

Name…………………………………………………………. Position / title……………………………………………………………

Company ………………………………………………………. Country …………………………………………………………………

Telephone…………………………………………………… Email…….................…………………………………………………...

Name…………………………………………………………. Position / title……………………………………………………………

Company ………………………………………………………. Country …………………………………………………………………

Telephone…………………………………………………… Email……………………………………………………………………..

**Case Study 1:** Company / Organisation………………………..……………………………………………………………………………

Country / jurisdiction……………………………………… Dates of engagement (dd/mm/yyyy) from…………… to………………..

Brief summary of role……………………….…………………………………………………………………………………………….

………………………..…………………………………………………………………………………………………………………………..

**Referee 1:**

Name…………………………………………………………. Position / title……………………………………………………………

Company ………………………………………………………. Country ……………………………………………………………

Telephone……………………………………………… … Email……………………………………………………………………...

Please see our website for fees [www.eactp.eu/membership/fees-from-2021](file:///Users/helenjacobi/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/Q8SJ7JEF/www.eactp.eu/membership/fees-from-2021)

When we have received your forms we will send you an invoice.

**6. FEES & PAYMENT METHOD**

**Payment**

### Bank Transfer We will send you an invoice with the bank account details for both our GPB and Euro accounts.

**Credit Card** We will send you an invoice with a ‘buy now’ button which you can use to pay by credit card.

**Billing of Fees** All applications must be accompanied by payment for the initial application fee before being considered. Fees run on a calendar year basis. Annual membership in the first year is billed on a pro-rata monthly basis from the date the application is accepted to 31 December of that year, and thereafter annually on 1 January.

**Refund** If your application is not successful, your application fee will be refunded subject to a £75 administration fee.

**Invoicing** You will be informed when your application is ready for processing and you will be invited to make a payment.

**VAT** All fees are exempt for VAT.

### Currency Fees can be paid in GBP or Euro.

## Discounts (EACTP membership only)

## Payment methods

**TMA Europe Credit**

Members should be members of a TMA Chapter. Paid TMA members are eligible for a reduction in the EACTP annual membership fee of £100 depending on the TMA subscription rate in each jurisdiction. Lapsed or pending TMA members will be billed in full until they have joined or restored TMA membership. To receive this reduction, which applies to CTA’s and CTP’s, please provide your TMA chapter membership here:

**TMA Chapter membership number …………………………….**

**NextGen Offer**

Any member of TMA NextGen applying to become an Associate Member is entitled to a 50 per cent reduction in the initial application fee. To receive this discount please provide your NextGen membership number:

**TMA NextGen membership number …………………………….**

**Corporate Membership Discount**

Applicants can get 10 per cent off their fees if their company nominates five or more individuals, and 20 per cent off if ten or more applicants from the same firm are nominated. The discount applies to both the initial application and annual membership fees on joining, and to the membership renewal fees in subsequent years. It does not apply to examination entry.

**Discounts only apply once you have become a CTA or CTP and are eligible to join EACTP as a member.**

**Please contact** eactp@turnaround.org **for further details about any of these discounts.**

# **8. DECLARATION**

Before you send your application, please ensure you have included all the supporting documentation required.

|  |  |
| --- | --- |
| **Member Type** | **Documents required** |
| **All applicants** |  Completed and signed application form |
|  |  Certified copy of your passport and recent utility bill |
|  |  Diplomas |
|  |  Membership certificates |
|  |  CV |
| **CTP applicants** |  Sponsors name and contact details |
|  | **Three** case studies countersigned by referees - using the template provided |

**Processing of application:** Your application will be reviewed by the EACTP Education Coordinator and if complete with all of the above required documents, it will be passed on to the Standards and Admissions Committee for review. Should you withdraw your application, or your application is unsuccessful, an admin fee of GBP 75/Euro 89 will apply.

**Confidentiality:** All submissions are restricted to EACTP Directors and SAC members who are limited by confidentiality agreement from divulging or in any way using submitted information which is not in the public domain, in a personal or professional capacity without the express permission of the applicant.

**Your details:** By submitting this form you agree to the EACTP retaining your details and to receive further information regarding EACTP and its services. If you would like to be excluded, please email **eactp@turnaround.org**

**Submission of application form:** Once complete, please email to the address below.

**For queries contact** eactp@turnaround.org

**7. DOCUMENTS - *CTA & CTP APPLICATIONS***

**7. CHECKLIST:**

6. CASE STUDIES AND REFERENCES – INSTRUCTIONS FOR SUPPORTING EVIDENE

I hereby apply for membership as a Certified Turnaround Analyst or Professional and understand that my application depends on my ability to meet all requirements and qualifications and is subject to approval by the Standards and Admissions Committee (SAC). I certify that the information contained in this application is true and correct. I further understand that if any information is later determined to be false, EACTP reserves the right to revoke any certification that has been granted on the basis thereof.

Indicate your understanding of, and agreement to comply with the following:

* In making and filing this application for membership, I authorise all persons, firms and entities to furnish any relevant information that may be requested by the EACTP in connection with the investigation of this application.
* I release and indemnify the EACTP and its Board of Directors, officers and employees from any and all liability arising from the investigation and evaluation of this application, decisions relative to the granting of certification, continuing professional education requirements and standards of practice.
* I acknowledge that all other sections, paragraphs and parts of this application are incorporated herein without specific reference.
* I have received, read and agree to comply with the EACTP Code of Ethics (see [www.eactp.eu](http://www.eactp.eu))
* I agree to abide by the certification conditions of the EACTP programme. Please see the CPD section of the Membership tab on [www.eactp.eu](http://www.eactp.eu) for details.
* I am not under any criminal investigation by any government or regulatory authority, nor any other investigation or proceeding pending with any professional or certification entity. I understand if I am, I must fully disclose this and all details on a separate document.

By providing my signature below, I indicate my understanding of and agreement to comply with the terms of this application.

Signature…………………………………………………………………………………… Date………………………………………