



THE EUROPEAN NETWORK OF SAFETY AND HEALTH PROFESSIONAL ORGANIZATIONS

**SPONSORS
2026**

Benefits for Sponsors

For ENSHPO, having the support of like minded organizations helps to promote, develop and disseminate projects, best practice and of course knowledge and commitment between all actors involve in the EHS world.

Raise external profile to a EUROPEAN EHS interested audience:

- Web banner with company logo
- A bimonthly publication on ENSHPO Social Media (LinkedIn and twitter)
- Insertion of the company logo under the slogan "Sponsor" in our Newsletter.
- Publication of an article (Technical or best practice)per year on the web

Support on EHS candidate search:

- Brand association with the voice of EHS in Europe:
- One webinar per year, where it would be held with the other donor companies

Expectations & added value:

- Support the leading voice of EHS in EUROPE
- Listed on ENSHPO website as DONOR including logo, 150-word organization profile and link
- Able to use the title 'ENSHPO DONOR' in all communications and company collateral
- Announcement of Donors across all ENSHPO communication channels
- Invitation to contribute to individual events (online and F2F - as appropriate) and first option on additional ENSHPO sponsorship opportunities
- Listed as 'SUPPORTER' in regular communication

CONTRIBUTION: 4.500€ per year

Our current Sponsors

FARADOME®



ENSHPO SPONSORSHIP APPLICATION FORM

Thank you for your interest in becoming a sponsor of ENSHPO – the voice of EHS in Europe.

1. Sponsoring members Bodies that promise support for ENSHPO's interests

This could be:

- *International Members:* Any international professional organization or network that shares a mutual interest with ENSHPO.
- *Professional Members:* Universities, Public National Institutes, Public Organizations and any other entity in the field of Environment, Health and Safety.

For more information on this and all of our membership types, please visit <https://www.enshpo.eu/become-a-member/>

MEMBERSHIP REQUIREMENTS

The requirements for organizations wishing to become a member of ENSHPO are the following:

- 1.To submit a signed ENSHPO Membership Form and a copy of the Applicant's Statutes; The processing of this signed ENSHPO Membership Form shall be performed by the ENSHPO Secretariat: it will take up to 30 calendar days and is subject to approval by the Board of ENSHPO. Outcome of approval process will be communicated directly to the applicant by the ENSHPO Secretariat.
- 2.To pay the annual membership. The ENSHPO Secretariat will confirm amount due.
- 3.To formally endorse the ENSHPO membership by placing an announcement on your organization's website

MEMBERSHIP BENEFITS

BENEFITS	MEMBERS	SPONSORING MEMBERS
Right to vote in the ENSHPO General Assembly and have a steering role in the Direction of the organization	✓	NO
Invitation to attend regular ENSHPO member meetings	✓	✓
Receiving regular information and updates including ENSHPO Newsletters	✓	✓
Full access to the ENSHPO Website and the Intranet	✓	✓
Opportunity to participate in EU funded projects	✓	✓
Opportunity to participate in European policy development	✓	✓
Opportunity to contribute to ENSHPO publications and Newsletters	✓	✓
Opportunity to participate in and contribute to ENSHPO campaigns	✓	✓
Opportunity to participate in the development of ENSHPO training	✓	✓
Opportunity to participate in, or present at, ENSHPO Events including conferences, workshops, and webinars	✓	✓
Access to ENSHPO developed training	✓	✓
Access to publications and other ENSHPO created materials	✓	✓
Access to ENSHPO Professional Certifications (EuroSHM/EuroSHT) *subject to fees	✓	✓
Use of the ENSHPO Logo	✓	✓

All ENSHPO members, regardless of the type of membership, are requested to share and actively promote the Mission and Vision of ENSHPO:

VISION

All EHS professionals in Europe will have a comparable body of knowledge and professional identity and will perform their duties in all European countries, with similar professional commitment, strong ownership of their role, and ethical conduct.

MISSION

To promote safety, health, and environment protection in all workplaces throughout Europe by:

- Engaging with decision makers and regulators
- Leading and supporting initiatives to promote awareness and share best practice
- Creating a community of engaged professionals

SPONSORSHIP RATES

The ENSHPO sponsorship year runs from 01 January to 31 December, payment for renewal sponsorship is requested each February for that calendar year. On successful application to become a sponsor of ENSHPO, payment of first year (or part thereof) is charged. Sponsorship will lapse should payment not be made by 31st March of the sponsorship year. Upon a successful application, ENSHPO secretariat will confirm fees due and payment schedule.

Lapsed sponsors will be required to re-apply for sponsorship.

ENSHPO sponsorship is charged according as follows:

SPONSORING MEMBERS

	ANNUAL FEE
Sponsorship	4500€

ROLE/DUTIES OF SPONSORING REPRESENTATIVES

- Represent the organization honestly through the ENSHPO Networking Assembly ENSHPO members meet once a year in one of the Members Country. This General Assembly lasts between 1.5/2 days. Each association is responsible for the expenses incurred by its representative (travel, accommodation, per diem, etc...).
- Each 2/2.5 months, ENSHPO sponsors meet by videoconference to update Sponsor activities and ENSHPO activities
- Attend Networking Assembly meetings at least once a year, or send another representative
- Contribute to ENSHPO's decisions, strategic plan and work as required through annual action plan and any relevant events
- Ensure that the annual sponsorship fee is paid to ENSHPO on time (the fee is based on the organisation's membership income)
- Respond to communication from Secretariat and the Board in a timely manner
- Maintain the links & good channels of communication between the organization & ENSHPO.
- Act as a conduit between ENSHPO and your organisation and members

APPLICATION FORM

This application form should be completed by an official representative from the named organization that wishes to become a full member of ENSHPO. The Sponsorship can be legal persons or associations with another legal form that have their seat and/or operating region within Europe and that are active in the health, safety and environmental protection field (§3.1 statute).

Please provide information about your organization and how you think it can contribute to ENSHPO.

Type of application:

Sponsorship

☐

ORGANIZATION DETAILS

Organization name (in native language):

Organization name (in English):

Legal form of organization

Acronym: (if applicable)

Address:

City / Country

:

Tel. (incl. Int'l code)

:

Fax (incl. Int'l code)

:

Website

:

E-mail 1 :

E-mail 2 :

Brief description of organization (max 150 words) :

Date of organization registration/creation :
D D M M Y Y

No. of employees :

No. of members :

Profession of members:

Source of funding (e.g. Governmental, membership, training etc):

Governmental : ☐ Yes ☐ No

Membership : ☐ Training : ☐

APPLICANT/REPRESENTATIVE DETAILS

Forename :

Surname :

Title : Position :

Relation to organization:

Employer's name (if different to organization)

Address:

City / Country :

Tel. (incl. Int'l code) :

Fax (incl. Int'l code) :

E-mail 1 :

E-mail 2 :

Please provide details of other OSH professional organizations in your country (if known - continue on a separate page if required) :

Please state, in your opinion, reasons, motivation and expectations why you should become a member of ENSHPO :

I hereby apply for sponsorship of ENSHPO on behalf of

and certify that my qualifications, experience and involvement with the organization is relevant to this membership. I am aware that, when applying to become a member, the appropriate membership fee must be paid within 30 days of the offer of membership being made to me.

I endeavour to fulfil my duties to the best of my abilities. I have read and understood the ENSHPO statutes. I certify that the information provided in this application is correct at the time of completion, and that failure to provide true and accurate information could result in refusal of my application or dismissal of the membership.

☐

I have read and agree with ENSHPO STATUTES

☐

I agree that my address (including e-mail address) will be shared with companies and institutions offering products, information and seminars in the areas of safety, health and environmental protection at work.

Print Name

Signature

Date

:

D
D
M
M
Y
Y

Please send completely form to: secretary@enshpo.eu

THANK YOU



ENSHPO

INTERNATIONAL SAFE AND HEALTHY PROFESSIONALS

www.enshpo.eu

secretary@enshpo.eu

Ph. +(39) 344.050.2191