



Application for IPNA Membership 2019

_____ Branch

Have you been a member of the IPNA within the past 2 years? Yes No

First Name: _____

Surname: _____

Home Address: _____

Name of GP employer: _____

** Work Address: _____

Tel (home): _____

***You must be working with a GP to qualify for membership. If you are doing Locum work, please name one GP you have worked for within the past 12 months.*

Tel (work): _____

Date of Birth: _____ (used for statistical purposes)

Mobile phone: _____

Would you like to receive **text alerts** from the National Executive Committee (NEC)?* YES NO

E-mail address: _____

Would you like to receive **e-mail alerts** from the National Executive Committee (NEC)?* YES NO

**i.e. Relevant info via IPNA Admin, e.g. Alerts from health agencies, disease outbreaks, courses, discussion boards, etc.*

Please note that notifications about IPNA activities such as Educational Awards, Conference, AGM, etc are sent to all members with a valid mobile number and/or e-mail address, so even if you tick the No boxes above you may still receive the information you are entitled to as a member. If you do not wish to give us your e-mail address or mobile number you can access this information via the IPNA website, www.irishpracticenurses.ie

PREFERRED MAILING ADDRESS FOR IPNA USE:
(Including Journal)

Home

Work

IF YOU WOULD LIKE TO RECEIVE INFORMATION BY POST FROM OUTSIDE BODIES ON ISSUES RELEVANT TO PRACTICE NURSING, TO YOUR PREFERRED MAILING ADDRESS, PLEASE SIGN HERE:

Signature: _____

This information may relate to education, study days, continuing professional development, products or services that are deemed by the National Executive Committee to be relevant to the role of the Practice Nurse.

Do you give us permission to pass on your work contact details (Address and telephone number) to your local Professional Development Coordinator for Practice Nurses?

Yes

No

Nursing & Midwifery Board of Ireland (formerly An Bord Altranais) PIN number: _____
(photocopy of current registration certificate must be attached)

Professional Qualifications (NMBI Divisions)

RGN RM RSCN RPN RMHN RNID RPHN RNP

Further Education: (please specify, e.g. *Diploma Asthma, Higher Diploma in Practice Nursing*).
(used for statistical purposes)

I.F.P.A Cert in Family Planning _____
Other Nursing Certificates _____
Diploma _____
Degree _____
Higher Diploma _____
Masters _____

Nursing Grade: CNS Year CNS accredited: ANP Year ANP accredited:
(used for statistical purposes)

Special Interest Areas:
(used for statistical purposes)
Women's Health Diabetes Asthma Cardiovascular Disease

Other
(Please specify): _____

Hours worked per week:
(used for statistical purposes)

Union Membership: INMO SIPTU IMPACT
(used for statistical purposes)

Medical Indemnity: MDU MEDISEC Medical Protection Society
(used for statistical purposes)

Signed: _____ **Date:** _____

Annual Membership Fee for 2019 is €78

Please send your membership application to the address below. Don't forget to include:

- Completed application form.
- A photocopy of your Nursing and Midwifery Board of Ireland (formerly An Bord Altranais). Certificate showing that you are currently on the Active Register - RGN, RM, RCN or RPHN divisions.
- A cheque / postal order / bank draft for €78 made out to "Irish Practice Nurses Association"
- If you would prefer to pay using laser/credit card, please give us an e-mail address where we can send an invoice that includes a 'Pay Now' button for you to pay electronically.

Please print e-mail address clearly

**Post your application to: Winnie Quigley, IPNA Membership Secretary,
Ballinwear House, Ballinwear, Nenagh, Co Tipperary.**

Please note that these details will be held in IPNA records for as long as you are member and deleted after your membership has lapsed for more than two years. If any of the details given on this form change please e-mail the changes to membership@irishpracticenurses.ie

The IPNA Data Protection Policy is available on request or from the IPNA website Members Area which you will be able to access when your application has been finalised and you have received your password.

FOR OFFICIAL USE ONLY

Received

Entered