



Irish General Practice Nurses Educational Association Membership Application Form 2021/2022

YOUR IGPNEA BRANCH will be _____

Have you been a member of the IGPNEA within the past 2 years? **YES / NO**

Full Name: _____

Home Address: _____

E-mail address: _____

Phone Number: _____

Date of Birth: _____ (used for statistical purposes)

Name of GP employer: _____

Work Address: _____

Work Phone number: _____

(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.)

Please Circle the following, consent and permission to contact members:

HOME / WORK / NEITHER: What is your preferred mailing address to receive publications?

YES / NO: Would you like to receive email & text alerts* from the NEC National Executive Committee? *Alerts from health agencies, disease outbreaks, courses, discussion boards, etc.

YES / NO: Would you like to receive information* by post / email from outside bodies on issues relevant to General Practice Nursing? *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.

YES / NO: Do you give us permission to pass on your work contact details (Address and telephone number) to your local PDC Professional Development Coordinator for General Practice Nurses?

NMBI PIN number: _____ (Nursing & Midwifery Board of Ireland, formerly An Bord Altranais)

Please circle your 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).

Degree _____

Diploma _____

Higher Diploma _____

Masters _____

I.F.P.A Cert in Family Planning _____

Other Nursing Certificates _____

Nursing Grade: CNS Year CNS accredited: ANP Year ANP accredited: _____

Special Interest Areas: _____

Women's Health Diabetes Asthma Cardiovascular Disease: _____

Other (please specify): _____

Hours worked per week: _____

Union Membership: INMO SIPTU IMPACT

Medical Indemnity: MDU MEDISEC Medical Protection Society

Annual Membership Fee for 2021/2022 is €78

Signed: _____

Date: _____

Please send your completed membership application form to:
Membership Officer, 62 Rahanine Manor, Rochford Bridge, Co. WestMeath
Please include a cheque made payable to Irish General Practice Nurses Educational Association

Please note that these details will be held in IGPNEA digital records for as long as you are a member, and deleted after your membership has lapsed for more than five years.

All paper copies are shredded once uploaded to our database.

Personal information is used for statistical purposes only.

If any of the details given on this form change, please email the changes to membership@irishpracticenurses.ie

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

Please note that notifications about IGPNEA activities such as Educational Awards, Conference, AGM, etc are sent to all members via email address.

If you do not wish to give us your email address or mobile number you can access this information via the IGPNEA website www.irishpracticenurses.ie

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