

**Individual Membership Application
Critical Incident Stress Management (CISM) Network Ireland**

Name: **Job Title:**

Address for Correspondence:
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Phone: **Email:**

1. In which sector do you currently work?

- Health and Social Services
- Local Authority
- Government Department
- Emergency Services
- Education
- Other Public Service (Please specify)
- Other (Please specify)

2. What is your professional background? (Please tick)

- | | |
|---|---|
| Medical Doctor <input type="checkbox"/> | If Emergency Services please indicate |
| Nurse <input type="checkbox"/> | Gardaí <input type="checkbox"/> |
| Psychologist <input type="checkbox"/> | Fire <input type="checkbox"/> |
| Psychiatrist <input type="checkbox"/> | Ambulance <input type="checkbox"/> |
| Social Worker <input type="checkbox"/> | Marine <input type="checkbox"/> |
| Counsellor <input type="checkbox"/> | Defence Forces <input type="checkbox"/> |
| Other <input type="checkbox"/> | Volunteer <input type="checkbox"/> |
| (Please specify) | Other <input type="checkbox"/> |
| | (Please specify) |

3. In which county/city of Ireland is your place of work located?

County City (if applicable)

4. In which aspects of CISM are you interested? (Please tick one or more boxes)

- In the planning/management of CISM services in a staff welfare context?
- As a user/recipient of CISM services?
- In CISM arrangements in Major Emergency Plans?
- As a provider/deliverer of CISM services?
- Providing training in CISM?
- Other (Please specify)

5. Would you be interested in networking in:

- Multidisciplinary local (geographic-based) CISM groups?
- A regional group of those from the same background/interests?
- A national group of those from the same background/interests?

6. Enrolment

I wish to be enrolled in the CISM Network Ireland and I enclose a cheque for €50

I agree/I do not agree that my name may be circulated amongst those who express similar interest in CISM.
(*Delete as appropriate)

7. Resource/Support Database

I wish to be listed as a resource/support contact for CISM Network Ireland, should my services be required

Signature: **Date:**

Please return completed membership application form in respect of membership for 20__ and crossed cheque (payable to CISM Network Ireland), in the enclosed pre-addressed envelope to Chairperson, CISM Network Ireland CISM Network Ireland, Room C255, Department of Built Environment & Extended Campus, School of Engineering, Institute of Technology Carlow, Kilkenny Road, Carlow **PLEASE NOTE: Membership of the Network does not authorise use of the Network logo**

NOTE: If you wish to make any comments on the subject and/or on the Network, you may use the back of this page
See overleaf.....