

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

Name: **Institution:**

Course Title:

Year of Study: **Student Number:**

Address for Correspondence:

.....

Phone: **Email:**

1. Please outline previous relevant educational experience/qualification:

.....

.....

2. What is your educational and/or 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"/>
<i>Educational</i>	<input type="checkbox"/>	(Please specify)	
(Please give details below)			
.....			
.....			
Not Applicable	<input type="checkbox"/>		

3. 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)

4. 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?

5. Enrolment

I wish to be enrolled in the CISM Network Ireland and I enclose a cheque for €25

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

6. 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.....