# **Registration of Doctors in Training in Intensive Care Medicine**

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| Registration Fee | €100 |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
| Surname: |   | Forename: |   |   |
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|   |   |   |   |   |   |   |   |   |
| Address Line 1: |   |   |   |   |
| Address Line 2: |   |   |   |   |
| Address Line 3: |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
| Telephone Number (including STD Code):  |   |   |
|   |   |   |   |   |   |   |   |   |
| Email Address: |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
| Medical Council Registration Number |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
| **Type of registration** |   |   |   |   |   |   |
| Trainee Specialist Division |   | General Division  |   |   |   |
|   |   |   |   |   |   |   |   |   |
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| --- | --- |
| Current Hospital: |   |
|  |  |  |  |  |  |
| Grade of Post: |   |
|  |  |  |  |  |  |
| Training Body Registration |   |

Payment can be made by cheque, made payable to Joint Faculty of Intensive Care Medicine of Ireland or by credit card: |
|   |   |   |   |   |   |   |   |   |
| Cheque |   | Credit Card |   |   |   |   |   |

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| Card Number |   |   |   |   |  - |   |   |   |   |  - |   |   |   |   | - |   |   |   |   |

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| Expiry Date |   |   |   |   |

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| --- | --- | --- | --- |
| Security Code  |   |   |   |