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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Registration Fee | | €100 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Surname: |  | | | Forename: |  | | |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 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 | |  |  |  |
|  |  |  |  |  |  |  |  |  |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 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 |  |  |  |  |

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