Application Form for Membership of the Intensive Care Research Coordinators Interest Group & Email List

Appendix B to the IRCIG Terms Of Reference

All sections must be completed or no further correspondence or action in regards to this application will occur

Applicant's Details			
Full Name			
Current Position			
Hospital			
State/Country			
Work Tel			
Email Address			
Do you conduct paediatric research in a PICU that is a Paediatric Study Group (PSG) member unit?	☐ Yes ☐ No		

I wish to apply for: ☐ FULL membership of IRCIG ☐ INVITED member of IRCIG

☐ I acknowledge that I have read the 'Intensive Care Research Coordinators Interest Group (IRCIG) Email List User Information'.

☐ I understand and agree to abide by the IRCIG Email List regulations as set out in the 'Intensive Care Research Coordinators Interest Group (IRCIG) Email List User Information'

☐ I acknowledge that in declaring that I conduct paediatric research in a PSG member unit, that I qualify for additional membership to PIRCIG and that my details will be forwarded to the PIRCIG Secretary.

Name: _____ **Signature:** _____ **Date:** _____

All individuals must be nominated by a current IRCIG list member or an ANZICS CTG member

Referee's Details	
Full Name	
Email Address	
Phone Number	
Mobile Number (optional)	

Name: _____ **Signature:** _____ **Date:** _____