

EfCCNa Membership Application form

According to its constitution, the European Federation of Critical Care Nursing Associations, abbreviated as EfCCNa, is a federation of European critical care nursing associations (Article 1.1). Any critical care nursing association is eligible for membership as long as they fulfil the EfCCNa definition stated in the constitution (Article 2.2 and 2.3).

The critical care nursing association applying for membership shall complete and return an application form which shall be signed by the applying association and the EfCCNa (Article 8.1).

An eligible critical care nursing association is accepted into membership through the vote of the council of representatives (Article 8.2).

For further information, please, refer to the constitution of the EfCCNa via website www.efccna.org.

All information collected in this application form will remain confidential.

Name of the Critical Care Nursing Association/Society

Date of Foundation

Place of registration

Web site address (if available)

Nominated EfCCNa Representative

Name:

Email address:

President/Chairperson

Name:

Email address:

Official address of the association

City, Postcode:

Country:

Place and Date:

Name in Capitals:

Signature:

Could you please explain why do you want to be EfCCNa member?

How did you find out about EfCCNa:

About your association:

Could you please provide us with information about your association?

Please, tick the box(es) provided, specify if appropriate and fill in the brackets.

What kind of nurses does your association represent?

<input type="checkbox"/>	Intensive Care Nurses
<input type="checkbox"/>	Anaesthetic Care Nurses
<input type="checkbox"/>	Coronary Care Nurses
<input type="checkbox"/>	Recovery Room Nurses
<input type="checkbox"/>	Paediatric Intensive Care Nurses
<input type="checkbox"/>	Neonatal Intensive Care Nurses
<input type="checkbox"/>	Accident and Emergency Nurses
<input type="checkbox"/>	Ambulance Car Nurses
<input type="checkbox"/>	others (please specify)

Approximately how many ICU nurses are members of your association:

Does your association represent critical care nursing fully independently or is it affiliated with another body?

<input type="checkbox"/>	independent
<input type="checkbox"/>	nursing council
<input type="checkbox"/>	nursing association
<input type="checkbox"/>	medical association
<input type="checkbox"/>	others (please specify)

Which of the following institutions or professional bodies officially recognizes your association?

<input type="checkbox"/>	nursing council
<input type="checkbox"/>	ministry of health nursing union
<input type="checkbox"/>	medical association
<input type="checkbox"/>	others (please specify)

Please, tick any box which illustrates the services your association is providing for the members in your country.

<input type="checkbox"/>	Board of officers	<input type="checkbox"/>	Standards of care
<input type="checkbox"/>	Constitution	<input type="checkbox"/>	Standards of education
<input type="checkbox"/>	Regional representatives	<input type="checkbox"/>	Standards of equipment
<input type="checkbox"/>	Head offices	<input type="checkbox"/>	Regional conferences
<input type="checkbox"/>	Formal secretary	<input type="checkbox"/>	National conferences
<input type="checkbox"/>	Education forum	<input type="checkbox"/>	Study meetings
<input type="checkbox"/>	Management forum	<input type="checkbox"/>	Annual member meetings
<input type="checkbox"/>	Research & practice forum	<input type="checkbox"/>	Journal/issues per year:
<input type="checkbox"/>	Code of ethics	<input type="checkbox"/>	Newsletter/issues per year:
<input type="checkbox"/>	Philosophy of care	<input type="checkbox"/>	Website
<input type="checkbox"/>	Scope of practice	<input type="checkbox"/>	Face book
<input type="checkbox"/>	others (please specify)	<input type="checkbox"/>	

Please tell us more details about the current activities of your association (maximum 5)

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-
-
-
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Do you have CCN education? If yes, which level:

<input type="checkbox"/>	Diploma
<input type="checkbox"/>	Bachelor
<input type="checkbox"/>	Master

Thank you for your interest in EfCCNa.

Please send the form to the Secretary of EfCCNa Mrs Colette Ram at c.ram@online.nl

Confirmation will be sent to you when we received the completed application form.

