

## EfCCNa Membership Application form

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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). It is expected that a representative/s from the association attend at least one full working meeting of the council before the application is considered.

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](http://www.efccna.org).

All information collected in this application form will remain confidential.

**Name of the Critical Care Nursing Association/Society**

**Web 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:

**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)

**Currently how many members are in 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)

**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"/>	Constitution
<input type="checkbox"/>	National conferences
<input type="checkbox"/>	Journal/issues per year:
<input type="checkbox"/>	Newsletter/issues per year:
<input type="checkbox"/>	Social media

**Does your country 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 [info@efcna.org](mailto:info@efcna.org).

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

By completing this form you agree to EfCCNa maintaining this information on its membership database which we keep confidential on an encrypted file.

Data will only used for EfCCNa purposes and will not be shared with a third party.

