



Irish Safety and Health Trainers Network

Membership Details

Please Return with the Appropriate Fee to:

c/o Pamela Skerritt
Irish Safety & Health Trainers Network
Lipstown Manor,
Narraghmore,
Co. Kildare.

ISHTN Membership Application Form

PERSONAL INFORMATION

Name	
Date of Birth (Optional)	
Phone	
Mobile	
Email	
Address	

MEMBERSHIP CATEGORY (Tick Appropriate)

<p>Individual Member</p> <p>Open to any individual trainer of any discipline.</p> <p style="text-align: center;"> <input type="checkbox"/> €125 </p>	<p>Corporate Member</p> <p>Open to private companies involved in the provision of safety training.</p> <p style="text-align: center;"> <input type="checkbox"/> €275 </p>	<p>Voluntary Organisation</p> <p>Open to voluntary or charitable organisations involved in the provision of safety training.</p> <p style="text-align: center;"> <input type="checkbox"/> €275 </p>
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Corporate or Voluntary Details (Where Needed)

Company Name	
or Voluntary Organisation	
Phone	
Email	
Safety / Training Manager	
Address	

AREAS OF ACTIVITY (Please tick all that apply)

Fetac	First Aid	Manual Handling
Fire Safety	Safepass	AED
Environmental Safety	CSCS	IOSH Training
Scaffolding	Safety Management	Plant & Equipment
Workplace Safety	Quarry Skills	Abrasive Wheels
Agriculture	HACCP / Food Safety	MEWP's
	Fisheries & Forestry	Forklift

ARE YOU A MEMBER OF ANY OTHER PROFESSIONAL ORGANISATION

IOSH Membership Number		RoSPA Membership Number		NISO Membership Number		IITD Membership Number		Other	
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Please enclose a copy of your curriculum vitae and any relevant qualifications.

Signature :	Date :
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