

# Irish Anaesthetic and Recovery Nurses Association

Please send completed applications to:

Ann Hogan  
7 Ballinakill Park,  
Waterford,  
Ireland.



## Application for membership

**For Office Use only**

Membership Number

Year

Renewal Date

## IARNA Mission Statement

Promotes the development of appropriate skills within the Anaesthetic and Recovery areas for all members/nurses.

Fosters a co-operative principle by encouraging all members to actively participate in the association providing information, ideas and feedback.

### Aims of the Association

1. To encourage on-going post-basic education for nurses in these specialised areas.
2. To promote national recognition of the Anaesthetic and Recovery Nurses as highly skilled specialists.
3. To set up a database of recognised post-graduate courses by the Department of Nursing Studies in these specialised areas.
4. To be a resource for these specialised nurses i.e. provide information educational tests etc.
5. To develop a website and Journal as vehicles of communication between nurses and members
6. Network both nationally and internationally.

### Objectives of the Association

1. To identify specific needs of the Anaesthetic and Theatre Recovery nurses.
2. To establish an induction/orientation programme for nurses wishing to work in these areas.
3. To promote standardisation of evidence based practices nationally.
4. To formulate guidelines on Health and Safety issues for employees.
5. To encourage self-direction and motivation for nurses.
6. To hold conferences at different venues each year.
7. To promote interdisciplinary collaboration to achieve a common aim

## APPLICATION FORM

(please complete in BLOCK CAPITALS)

Title (Mr/Mrs/Miss/Ms/Dr): \_\_\_\_\_

Surname: \_\_\_\_\_

Forename: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Job Title: \_\_\_\_\_

Professional Status: \_\_\_\_\_

Hospital/Clinic: \_\_\_\_\_  
\_\_\_\_\_

Actual Place of Work: Anaesthetics  Theatre  Recovery  Other

Work Telephone: \_\_\_\_\_

MEMBERSHIP

Nurse Member  
Subscription €30

Associate Member (Doctor)  
Subscription €50

Membership Year: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please make cheques payable to IARNA