



WHAT THE IMO DOES

The IMO is the only medical organisation in Ireland representing NCHD's interests at an individual and national level on professional, contractual and health policy issues.

The IMO is the key representative body consulted by Government bodies and national institutions when dealing with all medical issues, policies and strategy development.

Today we have an extensive team of committed staff dedicated to working on behalf of the medical profession.

IMO ACHIEVEMENTS - NCHDs

- + NCHD 2000 Agreement resulted in the biggest increase in overtime payments ever,
- + The IMO secured the provisions of the €3809 per annum Training Grant for NCHD's,
- + Secured largest investment ever for upgrading NCHD accommodation and improved national requirements for NCHD residences,
- + Improved Medical Council registration terms and better visa arrangements for overseas doctors working in Ireland,
- + A Leadership Training Programmes for SRs/SpRs,
- + Relocation expenses for NCHDs on rotation schemes,

WHY JOIN THE IMO?

- + The IMO is the only registered Trade Union for NCHD's in Ireland offering full legal protection for doctors.
- + Protecting and representing your interests at local and national level.
- + Advice on contracts presented to NCHD's and newly appointed consultants.
- + Negotiating local and national agreements on terms and conditions of service.
- + Advice on handling disputes, appeals, industrial tribunals with appropriate representation.
- + Access to members of the Organisation's national NCHD Committee.
- + Access to a range of tailored services and products from IMO Financial Services.
- + Direct advice on queries relating to salary rates, health and safety issues, information and advice on contracts, grievance handling, terms and conditions of employment.
- + The Irish Medical Journal, Conferences/Seminars and Training Programmes.
- + Access to members only section of the IMO website.

Irish Medical Organisation, 10 Fitzwilliam Place, Dublin 2.

Tel: (01) 676 7273 Fax: (01) 661 2758

e-mail: imo@imo.ie website: www.imo.ie

For Further information on membership please contact:

Audrey O'Neill, E-mail aoNeill@imo.ie



IRISH MEDICAL
ORGANISATION
Ceardchumann Dochtóirí na hÉireann

NCHDs

application form

The role of the IMO is to **represent** doctors in Ireland
and to **provide** them with all relevant services.

It is committed to the **development** of a caring,
efficient and effective Health Service.



IRISH MEDICAL
ORGANISATION
Ceardchumann Dochtóirí na hÉireann

IMO membership application form for Non-Consultant Hospital Doctors

Applicants must hold qualifications which are acceptable for registration with The Medical Council of Ireland

Surname Forename

Date of Birth Male Female

Home Address Hospital

.....

Please tick Address IMO correspond to: Home Work

Home Telephone Work Telephone

Mobile No. Email Address

University Attended Year of Graduation

Category of Registration with Medical Council

Provisional Date Full Date

Registration No.

Please tick the appropriate box where applicable:

Intern Senior House Officer Year

GP Trainee Year Registrars Year

Non-Practising Overseas

Research/Postgraduate/Fellowship Other

Speciality

Direct Debit Mandate Form Originator's Identification Number: 300054

PART A – Monthly Direct Debit Mandate

Please complete this form and return it with Application Form to:
Irish Medical Organisation, 10 Fitzwilliam Place, Dublin 2. Tel : 01 6767273

To The Manager IMO Ref. No For Official use only

..... Date

Address

I/we authorise you until further notice in writing to charge to my/our account with you on or immediately after the first day of each month unspecified amounts in respect of the monthly subscription appropriate to my class of membership which may be debited thereto at the instance of the Irish Medical Organisation by Direct Debit.

Date of first due payment on or within one calendar a month from

This mandate cancels all previous standing orders/direct debit mandates in favour of the Irish Medical Organisation.

Name (Block Capitals)

Signature :

Name of account to be debited

Bank Account number

Sort Code No.

Category of membership

I/we wish to pay Monthly Annually

Instructions cannot be accepted for direct debits from a deposit or savings account

Credit Card Payment: Type:

(annual membership only)

Card No.

Expiry Date

Signature Date