

WHAT THE IMO DOES

The IMO is the only Medical Organisation in Ireland representing Public Health Doctors interests on professional, contractual and health policy issues.

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

The IMO has been working for Doctors in Ireland for over 140 years. Today we have an extensive team of professional staff dedicated to serving the medical profession.

IMO ACHIEVEMENTS - PUBLIC HEALTH DOCTORS

National Public Health Doctors Agreement 2003

- + Significant salary increases for all grades
- + Application of two long service increments to AMOs and SAMOs
- + INCREMENTAL CME allowance of €1,500 per annum, SpR Training Grant of €3,900 per annum.
- + Over 70 promotional posts at Specialist, Principal Medical Officer and Senior Medical Officer levels
- + Agreement to have remuneration for Specialists and Directors referred to The Review Body on Higher Remuneration.

WHY JOIN THE IMO?

- + The IMO is the only registered Trade Union for the Public Health Doctors in Ireland offering full legal protection for doctors.
- + Protecting and representing your interests at local and national level.
- + 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 Public Health Doctors Committee.
- + Access to medico legal and taxation advice.
- + Direct advice on queries relating to salary rates, health and safety issues, information and advice on contracts, grievance handling, terms and conditions of employment.
- + Independent Financial Advice from our IMOFS team.
- + 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
Ceardhumann Dochtúirí na hÉireann



PUBLIC HEALTH DOCTORS

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
Ceardhumann Dochtúirí na hÉireann

IMO membership application form for Public Health 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 Work/Practice Address

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:

- Full Single
- Non-Practising
- Overseas

Current Grade Health Board

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