

## Tracheostomy UK Membership Application

If you would like to apply to join please complete and return this form to: Jane Osgathorp:  
(Membership Secretary, Tracheostomy UK) Critical Care, Papworth Hospital, Papworth Everard, Cambridge CB3 8RE

### Details as published on website:

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_  
\_\_\_\_\_

**Contact telephone number:** \_\_\_\_\_

**Please tick all that relate to your tracheostomy patients:**

<b>Client group...</b>	Paeds	<input type="checkbox"/>	Neonates	<input type="checkbox"/>	Adults	<input type="checkbox"/>
<b>Speciality....</b>	H&N	<input type="checkbox"/>	Neuro	<input type="checkbox"/>	ENT/Maxfax	<input type="checkbox"/>
	Medicine	<input type="checkbox"/>	Peri-op care	<input type="checkbox"/>	Outreach	<input type="checkbox"/>
<b>Setting...</b>	ICU	<input type="checkbox"/>	HDU	<input type="checkbox"/>	Acute	<input type="checkbox"/>
					Community	<input type="checkbox"/>

**Other:** \_\_\_\_\_

### Activities.

**Please indicate and describe projects you will be able to participate in:**

Conferences and study days	<input type="checkbox"/>	_____
Nursing research and audit	<input type="checkbox"/>	_____
National benchmarking	<input type="checkbox"/>	_____
Patient information	<input type="checkbox"/>	_____
Website publication	<input type="checkbox"/>	_____
Training and development	<input type="checkbox"/>	_____

**Tracheostomy UK**

**Chair: Claudia Russell**

**Membership Secretary: Jane Osgathorp**

Please describe your reason(s) for becoming a member of Tracheostomy UK.

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If you have a particular area of interest that you would like to become involved in please describe below:

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Application supported by: .....

In accordance with the Freedom of information act, companies can request minutes of professional meetings and membership lists. Tracheostomy UK will publish membership lists and contact details .  
If you do not wish certain details to published on the website, please indicate on page 1 clearly.

Sign to say you agree with the requirements for Tracheostomy UK membership and I have read the terms of reference.

Please sign and date below

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\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Date received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date reviewed by committee \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Action taken: \_\_\_\_\_

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