

Membership Application

(The Information provided will be kept confidential and will solely be used to keep you informed of Cancer Trials Ireland's activities etc.)

Name _____

Title _____

Position: _____

Work Address: _____

Preferred Phone number for Cancer Trials Ireland contacts _____ best time = _____

Mobile No: ____ - _____

Alternative phone number: _____

Fax number: _____

Is this line suitable for transmission of confidential material? **Yes or No**

Work E-mail address: _____

Alternate or CC email address: _____

Tick as applicable:

Medical Oncology

Haematology

Surgical Oncology

Radiation Oncology
(Radiotherapy/ Clinical Oncology)

Research Specialist

(Research Nurse/Research Coordinator/Research Manager/Data manager/ Research Registrar/ Research Pharmacists/ Clinical Scientist)

Please also submit a recently signed copy of your CV along with the completed application form.

Disease Area of Interest:

Please return to:

Pamela Gaffney: Cancer Trials Ireland, Innovation House, Old Finglas Road, Dublin 11.

Fax: (01) 6677211 or email: info@cancertrials.ie

DISEASE SPECIFIC SUB-GROUP DECLARATION FORM

Name: _____

Title: _____

Position: _____

Address: _____

Email: _____

A cornerstone of our organisation's development is the formation and promotion of disease specific subgroups. We would ask you to declare the areas you are most interested in. This will enable us to keep **YOU** informed of opportunities relevant to **YOUR** interests.

My main interests are: (Please tick)

- | | | | | | |
|---------------|--------------------------|------------------------|--------------------------|-------------------|--------------------------|
| Breast | <input type="checkbox"/> | Genito-Urinary | <input type="checkbox"/> | Gastro-Intestinal | <input type="checkbox"/> |
| Lung | <input type="checkbox"/> | Haematology & Lymphoma | <input type="checkbox"/> | Gynaecological | <input type="checkbox"/> |
| Translational | <input type="checkbox"/> | Head & Neck | <input type="checkbox"/> | Melanoma | <input type="checkbox"/> |
| CNS | <input type="checkbox"/> | Paediatric | <input type="checkbox"/> | Radiotherapy | <input type="checkbox"/> |

Other (please specify).....

Comments:.....
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