

# The Society of Chiropodists and Podiatrists of Ireland Ltd.

Secretary's Office: 68 Granville Road, Dun Laoghaire, Co. Dublin.

Tel: 01 2024939

Email: [info@podiatryireland.com](mailto:info@podiatryireland.com)

## MEMBERSHIP APPLICATION FORM

*Please use block letters throughout.*

<b>Surname:</b>		<b>Title:</b> (Mr/s, Ms, Dr, etc.)
<b>First name(s):</b>		
<b>Private address:</b> <i>(Where correspondence should be sent)</i>		
<b>Telephone number:</b>	<b>Fax number:</b>	
<b>Mobile:</b>		
<b>E-mail:</b>	<b>Date of birth:</b>	
<b>Practice address(es):</b>		
<b>Telephone number:</b>	<b>Fax number:</b>	
<b>E-mail:</b>	<b>Year of qualification:</b>	
<b>School of training:</b>	<b>Specialisms:</b>	
<b>Qualification(s) obtained:</b>		
<b>Type of intended employment:</b> <i>Please tick</i>	<input type="checkbox"/> Private practice <input type="checkbox"/> Private practice with Medical Card patients <input type="checkbox"/> Employed directly by Health Board <input type="checkbox"/> Combination of the above	
<b>Is Chiropody / Podiatry your sole occupation?</b> <i>If 'No' please specify.</i>	Yes / No <i>Please delete as appropriate.</i>	
<b>Are you included on the HSE List of Approved Chiropodists/Podiatrists ?</b>		
<b>Are you, or have you been, a member of any other Podiatry Professional Body?</b> <i>If 'Yes' please specify.</i>	Yes / No <i>Please delete as appropriate.</i>	
<b>Signature of applicant:</b>	<b>Date of application:</b>	

*Applicants must be full-time graduates of a recognised university School of Podiatry or be on the HSE List of Chiropodists/Podiatrists approved to practise in the Public Health Service in Ireland.*

This form should be completed and returned to the Secretary's Office accompanied by the annual membership fee €200. Graduates should include a photocopy of their degree certificate and a letter addressed to their university authorising them to release any information requested by SCPI. Non-graduates should include evidence of training and inclusion on HSE Approved List.

Method of payment

Cash   Cheque   Postal Order   PayPal  
*Please tick as appropriate*