Dear Colleague

The Australian College of Emergency Nursing (ACEN) is a not for profit professional organisation to promote, maintain and improve high standards of emergency health care. ACEN's mission statement "Striving for Excellence in Emerging Nursing Practice" highlights our commitment.

ACEN would like to offer you the opportunity to join our organisation and contribute to the continued development of emergency nursing excellence.

The College offers you a professional membership, a reference point for discussion and your voice in State, Federal and International institutions and government bodies.

Membership to ACEN offers you a $50 discount on the Trauma Nursing Core Course (TNCC), Emergency Nursing Paediatric Course (ENPC), Course in Applied Physiology in Emergency Nursing (CAPEN), Paediatric Trauma Life Support Course (PTLS) and International Trauma Life Support (ITLS) programs.

Course scholarships are also available through the Pat Barnwell Scholarship Fund for financial members.

Membership also entitles you to the Advanced Emergency Nursing Journal which is the official journal of ACEN. Your membership entitles you to an electronic version of this journal. The Advanced Emergency Nursing Journal is a peer-reviewed journal designed to meet the needs of advanced practice clinicians, clinical nurse specialists, nurse practitioners, health care professionals, and clinical and academic educators in emergency nursing.

ACEN also hosts an active and interactive website with professional and educational sections to keep you in touch with the emergency nursing world.

Please find enclosed an application for membership for your consideration.

Regards

Liz Cloughessy AM, RN, MHM, FAEN(USA)

Executive Director
It is ACEN policy that no membership list shall be sold or given for public access or advertising without the express permission of the membership.

Surname: .................................................................

Given Names: ..........................................................

Organisation: ................................................................ (for Affiliate Membership only)

Address: ........................................................................

City: ........................................................................... State:

Country: ................................................................. Postcode:

Phone: Home: ......................................................... Mobile:

Email: .................................................................

Qualifications held: ☐ Cert ☐ GradCert ☐ Dip ☐ GradDip ☐ Degree ☐ Masters

☐ Doctorate Specify Highest Qualification:

ACEN Courses Undertaken: ☐ TNCC ☐ ENPC

☐ ITLS Tick if current (within 4 years)

☐ PTLS ☐ CAPEN

Current Employer: ..........................................................

Position Held: ................................................................ (Continued overleaf)

(Continued from overleaf)

Are you a member of any other nursing organisation/s? Please specify: ..........................................................

Membership type (please tick):

☐ ☐ New Member (initial joining fee): $100.00 inc. GST

☐ ☐ Member Renewal: $100.00 inc. GST

Method of Payment: (Please no cash through the post)

☐ ☐ Direct Deposit ☐ ☐ Cheque ☐ ☐ Money Order ☐ ☐ Credit Card ☐ ☐ Mastercard ☐ ☐ Visa ☐ ☐ Amex

ACEN - Striving For Excellence in Emergency Nursing Practice.

Application for Membership Form: Jan 2019
ACEN - Striving For Excellence in Emergency Nursing Practice.

Application for Membership Form: Jan 2019

BANK DETAILS: BSB: 062 622   Acc. No.: 10194851

PLEASE NOTE: Direct Deposit must be accompanied by the return of this Application for Membership form.

Name on Credit Card: .................................................................................................................................

Card Number: __ __ __ __ __ ___  Expiry: ___ / ___

Signature: ......................................................................................................................................................

OPTIONAL QUESTIONNAIRE

1. How did you learn about ACEN? □ Web □ Workplace □ Journal □ Other (please specify)

2. What are your expectations of membership? What do you think the ACEN can do for you and your practice?

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3. Are you studying at present, or undertaking any research activity? (please specify)

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4. Do you have particular areas of expertise or interest? (please specify)

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In regard to these, are you interested in the following?

□ □ Participating in ACEN activities, eg focus groups, related research
□ □ Listing your email address on our website to facilitate networking and discussion.

Thank you for your commitment to Emergency Nursing.