



Application for Affiliation
to the Irish Cancer Society

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Name of organisation:

Primary contact for this application:

Address for primary contact:

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Contact telephone:

Email address:

Preferred method of communication: Post Email

I hereby confirm that this application for affiliation to the Irish Cancer Society is being made on behalf of

and that the contact person named above has the authority to make this submission. Further, all contact to our organisation not related to this application will continue to go to our named contact person in the Irish Cancer Society's records.

Signed:

Print name:

Position in the organisation:

What geographical area does the service serve?

What cancer type is the service for?

All cancers

Other(s) (please specify)

Who is the group/centre for? (Please tick all relevant boxes)

Everyone	<input type="checkbox"/>	People with cancer of all ages	<input type="checkbox"/>
Adults with cancer	<input type="checkbox"/>	Young adults with cancer	<input type="checkbox"/>
Children with cancer	<input type="checkbox"/>	Relatives	<input type="checkbox"/>

Is there disabled access? YES NO

What support/services are offered? (Please tick all relevant boxes)

Drop in	<input type="checkbox"/>	Befriending (1-to-1 support)	<input type="checkbox"/>
Professional counselling	<input type="checkbox"/>	Complementary therapies	<input type="checkbox"/>
Cancer information materials	<input type="checkbox"/>	General information	<input type="checkbox"/>
Guest speakers	<input type="checkbox"/>	(i.e. information on entitlements and benefits)	
Support group meetings	<input type="checkbox"/>	Telephone support	<input type="checkbox"/>
Home/hospital visiting	<input type="checkbox"/>	Bereavement support	<input type="checkbox"/>
Residential programmes	<input type="checkbox"/>	Provision for deaf/hard of hearing	<input type="checkbox"/>
Provision for visually impaired	<input type="checkbox"/>	Provision for learning difficulties	<input type="checkbox"/>

Other (please specify)

Is payment required for any of the above; i.e. membership fees? YES NO

If yes, please describe:

Registration: Do people register with the service? YES NO

What days and times are your services offered?

Are there any healthcare professionals involved in your organisation?

Nurse on staff Nurse on committee/board

Doctor on staff Doctor on committee/board

Other (please specify)

If there is anything else you want to tell us about the centre, your services, or status, please use the box below.



Irish Cancer Society,
43/45 Northumberland Road,
Dublin 4.
National Cancer Helpline 1800 200 700
Web: www.cancer.ie