**School Chaplains Association Membership Form Academic Year: 23/24** 

Title: First Name:	Surname:
School Name and Address (if applicable):	
Email Address:	Teaching Council Number:
School Phone:	Mobile:
Type of Membership: Full □ Associate □	
If you are an Associate Member please indicate are you? (please note associate members do not have voting rights)	
Retired Chaplain   Student Cha	aplain 🗆 Former Chaplain 🗆
RE Teacher w Chaplaincy Duties   RE Teacher w Chaplaincy Qualification	
Other(Please Specify)	
Qualifications/experience for school chaplaincy:	
Certificate □ Diploma	□ Degree □
Master of Arts in Chaplaincy □	
Other □(please specify):	
Do you hold a teaching qualification?	Teaching Hours:
Are you a new Chaplain? Yes□	No □
Type of School:	
ETB:   (please specify) Community School:	
Comprehensive:	Voluntary: □
Union Membership: TUI: ☐ ASTI	I: □ NONE: □
Membership: Full: € 65 □	Student/Associate: € 40 □
Do you wish to pay by:	
Cheque (enclosed made payable to The School Chaplains' Association of Ireland)  Flectronic Bank Transfer	

## Please sign the following for GDPR Reasons

I agree that my records will be held on the database of the school chaplains associatio
which is password protected and they will be stored for the full duration of my
membership (October-October) Only the members of the executive can have access to
this information and they will never share my information with anyone without my
permission.

FORMS AND CHEQUES CAN BE RETURNED TO

Ms Shona Killeen Heywood Community School Ballinakill Co Laois R32 FE04 IF YOU WISH TO PAY BY ELECTRONIC BANK TRANSFER

Please email
contact@schoolchaplaincy.ie
and
write EFT Request in the subject line
and further instructions will be provided.