



Membership Form

Membership Number

Office Use Only

Personal Details (please print clearly):

Name: _____

Home Address: _____

Mobile number: _____

Email: _____

Male Female

Requirements for membership:

- A minimum qualification of a major award at FETAC Level 5, or equivalent, in Childcare is required for Full Membership,
 - A letter from the college/institution confirming student status, in relevant discipline, is required for Student Membership.
 - Commitment to attending 40 hours per year of continuing professional development (you are already achieving this and more!)
 - Signing up to our code of ethics
 - Payment of membership fee
- See www.acpireland.com for further details

Membership Type (valid until Oct 2015): Full: €30 Student: €15

Professional Childcare Qualification(s):

Dates: from – to	School / College / Higher Education Institute	Qualification Obtained

Professional Details:

Current position: _____

Do you work directly with the children in your centre?: _____

Number of years experience in the Early Years & School Age Profession: _____

Please state which county you wish to be registered with: _____

Declaration and Signature

I have read and agree to abide by the Code of Ethics of the Association of Childhood Professionals (www.acpireland.com/code-of-ethics.html)		
Signed: _____	Print Name: _____	Date: _____

<p>Have you included the following?</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Completed Membership Form, <input checked="" type="checkbox"/> Copy of relevant Certificates/Diplomas or letter from college/institution, <input checked="" type="checkbox"/> Cheque/postal order/bank draft, payable to A.C.P. <p>Please post all documentation to Association of Childhood Professionals, Dundanion House, Blackrock, Cork.</p>
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