

The Irish Association of Social Workers was founded in 1971. It is the national organisation of professional social workers in the Republic of Ireland.

The IASW is an active member of the International Federation of Social Workers, which represents professional social work associations from over 55 different countries with more than 350,000 social workers in all parts of the world.

Objectives

- To improve the standards and quality of social work.
- To provide support to social workers in the practise of their profession.
- To represent the views of social workers on matters of social policy and practice at local, national and international level.
- To develop a sense of pride amongst social workers about the value of their profession.
- To be advocates for the interests of social work clients at national level.
- To promote awareness of the contribution of social work to society.

I hereby agree to uphold the IASW Code of Ethics and Practice (see attached document)

Signed: _____

Date: _____

Your signature pledges you to uphold the IASW Code of Ethics

Please complete in BLOCK LETTERS

NB: ANY CHANGE IN ADDRESS, E-MAIL, ETC., OR COMPLETION OF NQSW SHOULD BE NOTIFIED TO THE IASW OFFICE ASAP.

First Name: _____

Middle Name: _____

Surname: _____

Postal Address: _____

Employing Agency: _____

Area of Work: _____

Tel. (work) _____

Tel. (home) _____

Mobile: _____

Email: _____

Please indicate if you are happy to receive publications, promotional materials, newsletters, etc. via email

Qualifications for Membership

Year of NQSW/CQSW Qualification: _____

University/Institution where NQSW/CQSW attained:

Full name under which qualified: _____

Date of birth (in case of CQSW) _____

Permission to verify qualification with NSWQB/GSCC: _____

Signature _____

Primary Degree University/Year (Fill in for **Associate** Membership only): _____

NB: Please enclose your letter of accreditation from the NSWQB if you do not hold an NQSW/CQSW.

Social-Work/Science Students Only

Title of Course: _____

University _____

Date of Completion: _____



2010 Membership Application

114-116 Pearse Street, Dublin 2, Ireland

Tel: +353-(0)1-6774838

E-mail: iasw@eircom.net

Website: www.iasw.ie

Representing Social Work in Ireland since 1971
A Member of the International Federation of Social Workers

Special Interest Groups

Please indicate the area of interest that best represents your area of work (tick one only):

- Ageing (SIGA)
- Social Workers in Adoption & Foster Care
- Child and Adolescent Mental Health (CAMHS)
- Children & Family Social Workers
- Social Workers in Disability (SWID)
- Adult Mental Health and Later Life Psychiatry (SWAMH)
- Primary Care
- Southern Region (Generic Group covering Cork and Kerry)
- Social Workers in Foster Care
- Other (please specify) -

2010 Fee Details

Membership Category	Fee	Tick
Member (Full) payment by DD	€170	
Member (Full) CC/CHQ/CASH	€180	
Associate	€100	
Overseas (Full)	€65	
Part-Time (Below 20hours)	€110	
Non-working/Retired (Full)	€60	
Social-Work/Science Students	€25	
First-Yr Post-Qualification	€60	
Second-Yr Post-Qualification	€110	

A **Member** is a person who has been awarded a professional qualification in social work, which has been recognised by the Association in accordance with the General Rules (see IASW Constitution).

An **Associate** is any person with a relevant social work qualification, other than one that would qualify for full membership. **Associates** do not have voting rights at Annual or Extraordinary General Meetings.

Payment Method	Frequency	Tick
Direct Debit	¼ yearly	
Direct Debit	½ yearly	
Direct Debit	Annually	
Credit Card	Annually	
Cheque	Annually	
Cash	Annually	

Note: Membership financial year is from 1 January to 31 December. Renewal payments after 31 March incur a €25 admin charge. Membership after 30 June costs half-yearly fee if paying by cheque, cash or credit card. Students must pay full rate for financial year.

Payment Details

Cash/Cheque Payment

Make cheques payable to Irish Association of Social Workers

Name: _____

Amount: _____

Chq. No.: _____

Credit Card Authorisation

To: IASW

I authorise you to debit my credit-card account, the sum of:

EUR: _____

My credit-card account number is:

Expiry Date: _____

Cardholder's name:

Cardholders address:

Signature: _____

For Office Use Only

Database	
Payment Method (please specify)	
Ethics & Practice	
NSWQB	
Accepted	
Welcome Pack	
SIG Database	

Please complete in BLOCK LETTERS

Instruction to your Bank to Pay Direct Debits

Please complete parts 1 to 5 to instruct your bank to make payments directly from your account **and then return form to IASW. NB. Signature must be posted.**

**Irish Association of Social Workers
Room 7, 114-116 Pearse Street, Dublin 2**

IASW Identification Number: 300512 - Reference IASW

1. Please write the name and full postal address of your bank and branch.

2. Name of Account Holder:

3. Sort Code:

4. Account Number:

Banks may refuse to accept instructions to pay direct debits from some types of account.

5. Your instructions to the bank and signature:

Please cancel all previous standing orders in favour of the IASW.

- I instruct you to pay direct debits from my account at the request of IASW
Quarterly Half Yearly Annually
- The amounts are variable and may be debited on various dates.
- I understand that the IASW may change the amounts and dates only by prior notice.
- I will inform the Bank in writing if I wish to cancel this instruction.
- I understand that if any Direct Debit is paid which breaks the terms of this instruction the Bank will make a refund.

Signature(s): _____

Date: _____