

Application for Linkman Scheme for ICS Members only

Please complete and return by email to: nina@ics.ac.uk

Primary Linkman	
Surname	
First Name	
Membership Number	
Title	
Job Title	
Email	
Position Held	
Hospital (name & address in full)	
Contact email for ICS website member login area	
Secondary Linkman (if known)	
Surname	
First Name	
Membership Number	
Title	
Job Title	
Email	
Position Held	
Hospital	
Contact email for ICS website member login area	

By completing and submitting this form to the Intensive Care Society I confirm that I am able and willing to assist with the below mentioned duties throughout the year 2009/2010 on behalf of the Intensive Care Society.

I also agree to allow the Intensive Care Society to List my preferred contact details on the ICS website in a secure member area.

Signature.....Date.....