



Association of Respiratory  
Nurse Specialists

## MEMBERSHIP APPLICATION FORM

### THE ASSOCIATION OF RESPIRATORY NURSE SPECIALISTS

Please return this completed form to:  
ARNS Secretariat

10 Hartley Close, Stoke Poges, Bucks, SL3 6NS  
e-mail [info@arns.co.uk](mailto:info@arns.co.uk)

#### ARNS Mission Statement

The Association of Respiratory Nurse Specialists (ARNS) exists to promote a higher level of respiratory nursing practice through leadership, education and professional development and to influence the direction of respiratory nursing care

Founded in 1997, as a major representative of respiratory nursing, ARNS seeks to proactively collaborate with other respiratory care organisations and relevant government and NHS initiatives in order to influence policy and developments for respiratory services as well as to promote the raising of standards and clinical effectiveness of respiratory care.

Via its bespoke courses, study days and conferences ARNS aims to support its members to deliver evidence based practice within the rapidly changing health-care environment. Via its web site and other means of communication, ARNS provides a supportive network for its members and encourages information sharing, best practice and research collaboration.

ARNS offers the opportunity of membership to nurses currently registered with the Nursing Midwifery & Nursing Council, (NMC) who have a post-basic qualification in at least one aspect of respiratory care and consider that they would gain benefit from membership. Associate membership is offered to allied health professionals as well as those working in a non-clinical environment.

#### Benefits of becoming a member of ARNS

- **Full membership** to all appropriate registered nurses and **Associate membership** available to allied health professionals working in respiratory medicine.
- **Membership Rates:** Currently no membership fee.
- **Annual Conference:** This brings together nurses from across the UK to provide an ideal opportunity for networking and sharing information. A wide range of educational topics are covered and poster abstracts allow the opportunity to showcase best practice in respiratory nursing.
- **ARNS Courses and workshops:** These started with the development of the End of Life in Respiratory Disease course which is now, well renown in the UK.
- **ARNS website:** Provides access to news, jobs and, events as well as a collection of educational resources. The Discussion Forum is a valuable resource where members can communicate with each other on issues that concern them and share best practice initiatives.
- **Educational Bursaries** are available to all full members after a minimum of six months membership.
- **Participation:** Members are encouraged to become actively engaged through being committee members or representing the organisation on specialist advisory groups and other forums.

**PLEASE COMPLETE THE FORM USING BLOCK CAPITALS AND BLACK INK THROUGHOUT.**

SURNAME

NMC Number

FIRST NAMES

Title

JOB TITLE

MALE

FEMALE

PLEASE ENSURE YOU NOTIFY US OF ANY CHANGE TO THE FOLLOWING IMMEDIATELY:

#### WORK ADDRESS:

NAME OF ORGANISATION

PLACE OF WORK

STREET

TOWN/CITY

COUNTY

POSTCODE

COUNTRY

WORK: DIRECT TELEPHONE NO

E-MAIL ADDRESS

<b>HOME ADDRESS:</b>	TELEPHONE NO
	MOBILE PHONE NO
POSTCODE:	PLEASE INDICATE WHICH ADDRESS SHOULD BE USED FOR CORRESPONDENCE:- WORK <input type="checkbox"/> HOME <input type="checkbox"/>
	NB. IF NEITHER BOX IS TICKED THEN THE WORK ADDRESS WILL BE USED

**PLEASE TICK WHERE YOUR WORK IS BASED:**

TERTIARY CARE  SECONDARY CARE  COMMUNITY CARE  PRIMARY CARE  INTERMEDIATE CARE

**MAIN AREAS OF CURRENT ROLE - Please tick all that apply.**

ALLERGY <input type="checkbox"/>	ACUTE ADM AVOIDANCE/ EAD <input type="checkbox"/>	AUDIT <input type="checkbox"/>
ASTHMA <input type="checkbox"/>	COPD AT HOME SCHEMES <input type="checkbox"/>	CLINICAL LEADERSHIP <input type="checkbox"/>
BRONCHIECTASIS <input type="checkbox"/>	LONG TERM CONDITIONS MANAGEMENT <input type="checkbox"/>	MANAGEMENT <input type="checkbox"/>
COPD <input type="checkbox"/>	NIV <input type="checkbox"/>	NURSE LED CLINICS <input type="checkbox"/>
TB <input type="checkbox"/>	NON-MEDICAL PRESCRIBER <input type="checkbox"/>	RESEARCH <input type="checkbox"/>
CYSTIC FIBROSIS <input type="checkbox"/>	OXYGEN THERAPY <input type="checkbox"/>	SERVICE DEVELOPMENT <input type="checkbox"/>
INTERSTITIAL LUNG DISEASE <input type="checkbox"/>	PAEDIATRIC RESPIRATORY CARE <input type="checkbox"/>	TEACHING / LECTURING <input type="checkbox"/>
LUNG CANCER <input type="checkbox"/>	PALLIATIVE / SUPPORTIVE CARE <input type="checkbox"/>	OTHER (PLEASE STATE)
SLEEP APNOEA <input type="checkbox"/>	PULMONARY REHABILITATION <input type="checkbox"/>	
	SMOKING CESSATION <input type="checkbox"/>	

**ARNS is seeking members that have respiratory expertise in certain areas. If you would like to be involved at National Level to represent ARNS in your area of expertise, please tick box**

**ARNS is seeking members that would be prepared to help other members developing their skills / services in new areas of respiratory care. If you would be prepared to provide guidance to others ARNS members, please tick box**

**DATA PROTECTION STATEMENT**

The information you supply on this form will be held on file and the Association's computerised membership database. It will be used for ARNS mailings and for analysis of categories of membership. Details of names and addresses will not be given to external enquirers Please indicate by ticking the box above if you would be happy to be contacted by ARNS members or by an external body for information (but not by the general public); this would be done by the ARNS Secretariat.

I have read the ARNS Mission Statement and feel that I would benefit from being a member of this organisation

**I have at least one Respiratory Qualification at Diploma level**

**State qualification:**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OFFICE USE ONLY**

DATE RECEIVED \_\_\_\_\_ MEMBERSHIP NUMBER \_\_\_\_\_

