

Organising for a better future -

# Radiography review

**JOIN SIPTU.  
MAKING A DIFFERENCE  
FOR RADIOGRAPHERS  
AND RADIATION  
THERAPISTS**



## OVERVIEW

**A national review of radiography services is in underway and we want you to have your say.**

As part of the review the HSE, Department of Health and your union, SIPTU agreed to jointly develop a questionnaire. The questionnaire was designed to assist us in identifying the key challenges arising within Radiology. Following the return of completed questionnaires and examination of the data provided SIPTU reaffirmed our commitment to completing the review.

**A NEW NATIONAL WORKING GROUP IS NOW ESTABLISHED WITH AN INDEPENDENT CHAIRPERSON. HAVE YOUR SAY!**

The working group will conduct its business within the context of the public service agreement and the public service pay commission

SIPTU will nominate 4 representatives to be led by SIPTU Sector Organiser, Kevin Figgis

## THESE ARE AREAS THAT WE WANT TO FOCUS ON:

- Retention and recruitment
- TOIL
- Training
- Advanced practices
- Processes and workflow
- Sharing of services
- Optimum use of resources
- Over prescribing
- Over referral to radiology
- Rostering
- Management structures
- Support services

An Independent Chair will facilitate discussion and provide expert advice on progressing matters to a satisfactory conclusion.

**We want you views.  
Join SIPTU and get involved.**

**For more information  
[www.siptuhealth.ie/radreview](http://www.siptuhealth.ie/radreview)**



Services Industrial Professional & Technical Union

# Membership Application Form

SIPTU, Finance & Administration Dept., Liberty Hall  
Eden Quay, Dublin 1. Tel: 1890 747 881

Please complete the form using block letters, give full postal address where requested, sign and return to the above address  
**I wish to apply for membership of SIPTU and agree by its rules and to pay contributions as appropriate under the Rules of the Union**

First name:

Surname:

Home Address:

Male  Female  Date of Birth:  Nationality:

Telephone:  Mobile Phone No.:

Preferred Mailing Address:  Home  Work  E-mail:

Name of Company:

Your employment location:

Full/Part Time Employee \_\_\_\_\_ Hours p.w. \_\_\_\_\_ Member of Pension Fund? Yes  No

Gross Weekly Pay Band (tick box) Over €500 p.w.  €325 - €500 p.w.  €200 - €325 p.w.  €127 - €200 p.w.  Under €127 p.w.

Occupation: \_\_\_\_\_ Payroll No./Clock No.: \_\_\_\_\_

If former member of SIPTU/Other union please state union: \_\_\_\_\_

Signature: \_\_\_\_\_

Please indicate if you would like to receive regular news updates from SIPTU via E-mail  TXT message to your mobile  none

## PLEASE COMPLETE

### AUTHORISATION FOR DEDUCTION OF UNION CONTRIBUTIONS FROM SALARY

First Name:

Last Name:

I authorise \_\_\_\_\_ to deduct from my wages each week the appropriate amount of Union contributions as set out in the Union Rule Book and to hand over such monies to SIPTU. The amount may be varied by changes in the Registered Rules from time to time. This authority shall be valid for this and subsequent periods of employment. The current applicable weekly contribution rate is \_\_\_\_\_

Signed: \_\_\_\_\_ Department: \_\_\_\_\_ Division/Sector: \_\_\_\_\_ Payroll/Clock No: \_\_\_\_\_

Union Number: \_\_\_\_\_ Date: \_\_\_\_\_

SIPTU complies with the principles of the Data Protection Acts 1988/2003 and aim to maintain consistently high levels of best practice of personal/or sensitive data.

Please be advised that SIPTU reserves the right to refuse to offer advice and representation on issues which originate prior to the application for membership.