

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**



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: [Grid of 25 boxes]

Surname: [Grid of 25 boxes]

Home Address: [Grid of 30 boxes]

Male Female Date of Birth: [Grid of 8 boxes] Nationality: [Grid of 10 boxes]

Telephone: [Grid of 12 boxes] Mobile Phone No.: [Grid of 10 boxes]

Preferred Mailing Address: Home Work E-mail: [Grid of 15 boxes]

Name of Company: [Grid of 25 boxes]

Your employment location: [Grid of 25 boxes]

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: _____ [Grid of 5 boxes]

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: [Grid of 25 boxes]

Last Name: [Grid of 25 boxes]

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.