

# Irish Plasterers Register



## Membership Application Form Page 1

First Name:  Last Name:

Address:

Email:  Phone:

Craft: Plasterer  Dry Liner  Ceiling Fixer

Are you qualified? Yes  No  Craft Cert No.

Applicants who have completed a formal apprenticeship will be required to provide originals of their apprenticeship certificates.

If you are not qualified, how many years experience do you have in the craft of plastering?  Years

Applicants who have not completed a formal apprenticeship will be required to provide details of their employment and training which they consider to be equivalent to having served an apprenticeship. This evidence will be in the form of written evidence in support of your application, on official headed paper from Employers, Architects, Clerk of Works or from the Trade Union.

- 1
- 2
- 3
- 4

What training have you undertaken?

- 1
- 2
- 3
- 4

Are you prepared to undertake training if necessary to obtain a Nation Craft Certificate? Yes  No

Are you a member of the Operative Plasterers & Allied Trades Society of Ireland? Yes  No

# Irish Plasterers Register



## Membership Application Form Page 2

PLEASE USE BLOCK CAPITALS

This part must be completed and signed by a person who has known the applicant for at least two years and who is a qualified plasterer or already registered. Other individuals who may complete this part are: Employers, Engineers or an Official from the Operative Plasterers & Allied Trades Society of Ireland.

I \_\_\_\_\_ Certify that the above applicant is known to me as  
\_\_\_\_\_ For \_\_\_\_\_ years.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Declaration to be signed by applicant

I declare that the information given on this form is true and accurate.

I understand that if my application is accepted, my details will be entered on to the register and may be made available to the public on request.

I understand that the current registration period will expire five years after the date of entry on to the register.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Have you specialised in one or more areas of the craft? If so please provide details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please print and complete this form (include signature) and send to:

**Irish Plasterers Register  
18 Merrion Square North  
Dublin 2  
D02 E126  
Ireland**