



The College of Nursing

### ADMISSION TO LIFE FELLOWSHIP - NOMINATION FORM

Life Fellowship honours College Fellows who have significantly contributed to the activities and achievements of the College over many years. Life Fellows can be nominated by Fellows of the College for consideration by the Board via the Censors Committee.

Conferral of Life Fellowship is in recognition of a distinguished and outstanding relationship with the College.

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given names: \_\_\_\_\_

Former name: (if applicable) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Year admitted to College Fellowship: \_\_\_\_\_

Postal address: \_\_\_\_\_

Suburb/town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Email: \_\_\_\_\_

Nominators name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Seconders name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Reason for Nomination:(Contributions since admission to Fellowship)

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

*Attach any relevant supporting documentation*

Forward with covering letter to:

Chief Executive  
The College of Nursing  
Locked Bag 3030  
Burwood NSW 1805