

**RCN Fellowship and Honorary Fellowship 2024**

Nomination form

The RCN Fellowship is the highest honour the College can bestow on a member.

Fellows are inspirational leaders who have made an exceptional contribution to nursing and improving health care. Fellows will be called on by the College to engage in its work to help strengthen the voice and influence of nursing, and are expected to act as ambassadors for the RCN and its work.

As a distinguished community of highly respected professionals, the Fellows work with the College to influence policy, practice, education and research.

**Section 1: Details of the nominee**

I am nominating this person for:

☐ RCN Fellowship *(i.e. the nominee is an RCN member; please note RCN members of staff are ineligible for nomination until the conclusion of their RCN employment)*

☐ RCN Honorary Fellowship *(i.e. the nominee is not an RCN member)*

Name:

Address:

Telephone:

Email address:

RCN membership number (if applicable):

International registration details (if applicable):

Nominee’s current post:

Professional qualifications and/or awards and honours (including scholarships):

RCN offices held (if applicable):

**Section 2: Details of nominator**

Name:

Address:

Telephone:

Email address:

RCN membership number:

Nominator’s current post:

In what capacity do you know the nominee:

**Section 3: Details of supporters**

*(RCN members of staff are eligible to support nominations)*

**Supporter 1**

Name:

Position:

Telephone:

Email address:

**Supporter 2**

Name:

Position:

Telephone:

Email address:

**Supporter 3**

Name:

Position:

Telephone:

Email address:

**Section 4: Testimonials**

The nominator and three supporters must each submit a testimonial about the nominee and why they should receive a Fellowship/Honorary Fellowship.

Please include any examples of how the nominee has made a sustained contribution to the RCN. You may expand upon the space given below as required.

**Nominator testimonial:**

**Supporter testimonial one:**

**Supporter testimonial two:**

**Supporter testimonial three:**

**Section 5: CV**

Please also write a summary CV for the nominee. If you cannot find out the full employment history of the nominee, put as much information as you can.

**Section 6: Declaration**

*I certify that, to the best of my knowledge, the nominee is of such professional and personal standing as to uphold the dignity of a Fellowship of the Royal College of Nursing of the United Kingdom. There have been no financial or other incentives in relation to this award.*

Signed (nominator):

Date:

**Submitting the nomination**

Please send this nomination form to awards@rcn.org.uk

Make sure that you have included:

* this form, filled out in full and with a signed declaration
* testimonials from the nominator and three supporters
* a summary CV of the nominee.

We will acknowledge that we have received your nomination within seven days. If you have not heard from us after that time, please contact awards@rcn.org.uk or call **020 7647 3612** or **020 7647 3644**.

If you return the form by **Tuesday 16 January 2024,** the nomination will be considered in time for presentation at the RCN Awards 2024.

**Where did you hear about this award?**

Please mark all those relevant:

|  |  |  |  |
| --- | --- | --- | --- |
| RCN Magazine |  | RCN email |  |
| RCN event or conference |  | RCN website |  |
| Facebook |  | Regional communications |  |
| Twitter (X) |  | From an RCN representative |  |
| LinkedIn |  | From an RCN staff member |  |
| Other (please explain): |