

## **APPLICATION AS A FELLOW**

This category of membership is available to nurses who have earned recognition for their outstanding contribution to nursing in a particular field. Recognition as a Fellow may be obtained through **one** of several possible pathways, and after completion of a minimum of five years nursing practice.

### **CRITERIA**

1. A current practising certificate.  
(This may be waived for retired nurses, full time students.)
2. Curriculum Vitae with copies of all stated qualifications.
3. A personal statement of not more than 500 words describing the reasons why you believe you should be admitted to the College as a Fellow in either Category 1, 2 or 3.
4. A supporting statement of your leadership ability from one referee.
5. Select **ONE** of the following categories in which you can demonstrate your contribution to the nursing profession and/or community health.

<b>CATEGORY</b>	<b>SUPPORTING EVIDENCE TO ACCOMPANY APPLICATION</b>
1. Professional excellence in clinical nursing practice.	Clinical performance assessment from one referee.
2. Academic achievement leading to either research or publication.	Written or oral summary of research, <b>and/or</b> copies of 2 publications, <b>and/or</b> copies of academic awards.
3. Advancement of nursing through: a) research practice, b) innovation or c) education.	Written or oral summary of your: a) research, b) innovative practice or c) educational contributions.

6. Application fee of \$20 must accompany this application.  
(Please make cheque payable to College of Nurses Aotearoa)

*I agree that I will continue to promote the development of the nursing profession and to contribute to a high level of professional excellence in nursing practice.*

Signed .....

Date .....

**Please complete your personal details on the next page and forward with your application.**

## **APPLICATION AS A FELLOW**

GIVEN NAME: \_\_\_\_\_

FORMER NAME: \_\_\_\_\_

IWI: \_\_\_\_\_

HAPU: \_\_\_\_\_

*Please indicate if you wish to be placed on the Maori or Non-Maori roll*

Maori                  Non Maori      (please circle your selection)

Postal Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Numbers:    Business: \_\_\_\_\_  
                                 Home:            \_\_\_\_\_  
                                 Mobile:         \_\_\_\_\_

Present Position: \_\_\_\_\_

Employer: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**A FEE OF \$20 MUST ACCOMPANY THIS APPLICATION**

Send to:      College of Nurses Aotearoa (NZ) Inc., P.O. Box 1258, Palmerston North