



FURTHER INFORMATION FOR THOSE INTENDING TO JOIN THE COLLEGE OF NURSES 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.

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

6. Application form (Page 2) must accompany this application.
(Please deposit directly to the College of Nurses account – BNZ 02 0719 0193130 000
(Reference details of payment must include your full name please.)

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



An organisation which seeks to achieve zero disparities and 100% access to health for all New Zealanders with a focus on professional nursing issues.

Fellowship Application Details

Title	
Family Name	
First Name(s)	
I wish to be placed on the Māori roll Yes <input type="checkbox"/> No <input type="checkbox"/>	Iwi Hapu
E-mail Address	
Telephone - Cell	
- Home	
- Work	
Present Position	
Employer	
Fees are to be billed to my employer Yes <input type="checkbox"/> No <input type="checkbox"/> Billing address (if different to above)	Billing Address
Area(s) of professional experience / expertise Clinical experience / expertise (please specify) For the College to maintain its high level of influence we require information on the experience and expertise of our members. With this information the College, with your assistance, can better provide informed comment on a range of health and nursing issues as well as creating better services for you as a member.	
Research interests	
I have experience in the following areas <input type="checkbox"/> Workforce Development <input type="checkbox"/> Leadership / Management <input type="checkbox"/> Policy Development / Review <input type="checkbox"/> Education <input type="checkbox"/> Curriculum Development <input type="checkbox"/> Portfolio Development <input type="checkbox"/> Career Development <input type="checkbox"/> Other	<input type="checkbox"/> Legal Issues <input type="checkbox"/> Working with the Media <input type="checkbox"/> Preparation of Submissions <input type="checkbox"/> Research <input type="checkbox"/> Nursing / Health Informatics <input type="checkbox"/> Report writing <input type="checkbox"/> Community Involvement <input type="checkbox"/> Mentoring
Qualifications (Professional and Academic)	

Once your application is approved by the College Censor you will be invoiced for the Annual Fellowship fees:
 Registered Nurse - \$510.00 this may be paid in full by Direct Credit **OR** Monthly Automatic payments of \$42.50 from your bank account.
 Nurse Practitioner - \$750.00 this may be paid in full by Direct Credit **OR** Monthly Automatic payments of \$62.50 from your bank account.

Please forward the above to:

College of Nurses Aotearoa (NZ) Inc
Te Whare Tohu Tapuhi o Aotearoa
PO Box 1258
Palmerston North 4440

Or email to:

admin@nurse.org.nz