**Fellowship Nomination Form**

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| **Name of person you wish to nominate (nominee)** |
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| **Nominee’s role and place of work**  |  | **Nominee’s email address/contact details** |
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| **Name of person proposing award of Fellowship** |
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| **Proposer’s email address/contact details** |
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| **Paragraph to indicate reasons for their nomination** (e.g.,experience, achievements, dedication, and outstanding contributions to the care of children and young people. This can reflect contributions through practice, leadership, education, research, and other areas **(300 words or fewer)**  |
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| **Any other relevant information** (e.g., academic and employment history, professional honours) |
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**For completion by the Fellowship Committee**

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| **ABPN history, if relevant** (e.g., member/officer/contribution to Association) |  |
| **Subcommittee recommendation** |  |
| **G&D recommendation** |  |
| **Offer date** |  |
| **Accepted/declined by nominee (date)** |  |