**Blue text on a white background

Description automatically generatedFellowship Nomination Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of person you wish to nominate (nominee)** | | | |
|  | | | |
| **Nominee’s role and place of work** |  | **Nominee’s email address/contact details** | |
|  | | |  |

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| **Name of person proposing award of Fellowship** |
|  |
| **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)** |
|  |
| **Any other relevant information** (e.g., academic and employment history, professional honours) |
|  |

**For completion by the Fellowship Committee**

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