



AUSTRALIAN COLLEGE OF OPERATING ROOM NURSES Ltd

Please provide an original and four copies of your application.

APPLICATION FOR FELLOWSHIP

Title First Names Family Name

Post Nominals

Home Address

State P/Code

Contact details

BH Tel AH Tel Mobile

Email address

Work Place

Position Held

State Organisation Years of membership

I confirm that the information contained in this application is a true and correct record of my professional achievements. I agree to accept the final decision of the Board of the Australian College of Operating Room Nurses in relation to my application for Fellowship.

Signature Date

Witness Date

Please post your completed application to:

ACORN Secretariat
PO Box 325
O'Halloran Hill SA 5158.

Name of Applicant: _____

REFEREE FORM 1

Instruction

This form is to be given to your referee to complete and is to be included in your application. Your referee must be a Fellow of the College. Refer to the Sunrise Clause re Members as referees.

Name of Referee 1 _____

Home Address _____

State

P/Code

Contact details

BH Tel

AH Tel

Mobile

Email address _____

Note: Referees statements must support and confirm evidence of contributing to perioperative nursing as outlined in the selection criteria.

Supporting statement:

Name of Applicant: _____

REFEREE FORM 2

Instruction:

This form is to be given to your referee to complete and is to be included in your application. Your referee must be a Fellow of the College. Refer to the Sunrise Clause re Members as referees.

Name of Referee 2 _____

Home Address _____

State

P/Code

Contact details

BH Tel

AH Tel

Mobile

Email address _____

Note: Referees statements must support and confirm evidence of contributing to perioperative nursing as outlined in the selection criteria.

Supporting statement:

Section 4

Application Fee: \$50.00 (includes GST)

Method of Payment

Cheque		Money Order		Bankcard		MasterCard		Visa	
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Card number

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Expiry date on card

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Amount of \$

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Signature

Date

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Name (please print)

APPLICATION CHECKLIST

	Yes/No	Received
Curriculum vitae		
Copy of registration with AHPRA (Nursing and Midwifery Board Australia).		
Copy of current membership documentation with Local Association.		
A statement that outlines the importance of the Fellowship to the applicant.		
A statement that specifically addresses each of the essential criteria for admission, and where applicable the desirable criteria.		
Completed referee forms from two Fellows/Members of the College supporting the application for Fellowship		
Original plus 4 copies of the application		
Application fee \$50.00		
If successful, indicate here if you intend to be inducted at the next biennial ACORN conference		

Office use

Date application received:

Date sent to Censor:

Recommendation to Board: Yes No

Member notified: Date: Fee Paid: