



**AUSTRALIAN COLLEGE OF OPERATING ROOM NURSES Ltd**

Please provide an original and four copies of the application.

**NOMINATION FOR HONORARY FELLOWSHIP**

Title                      First Names    Family Name

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Post Nominals

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Home Address

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State    P/Code

---

Contact details

BH Tel    AH Tel    Mobile

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Email address

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Work Status:                      Working                      Yes/ No                      Retired                      Yes / No

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If currently working:

Place of work

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Position Held

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Local Association    Years of membership

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Please post the completed nomination to:

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

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**Name of Nominee**

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**Nomination Form**

**Instruction**

This form is completed by the nominee(s). Nominees may be committees of Local Associations, they may also be Members or Fellows of the College

**Name of Nominee**

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Home Address

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State

P/Code

---

Contact details

BH Tel

AH Tel

Mobile

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Email address

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Supporting statement:

*Note:* the nomination statement must support and provide evidence for admission to the membership category of Honorary Fellow as outlined in the guidelines for nomination.

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**APPLICATION CHECKLIST**

Office use

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Date application received: .....

Date sent to Censor: .....

Recommendation to Board: Yes  No

Member notified: ..... Date: ..... Fee Paid: .....