

## Applying for ACORN Fellowship

Fellowship of the College is a prestigious category of membership that is reserved for those members who have made a significant contribution to the goals of the College and also made a significant contribution to perioperative nursing and/or demonstrated professional excellence within this field or the wider profession of nursing.

Members of ACORN may apply for their membership to be upgraded to Fellowship. Applications must be submitted using the following form, along with the required supporting evidence. The onus is on the member to provide appropriate documentation to support the application and incomplete applications will not be processed.

There is an application fee of \$50 and an annual fee of \$100. In addition, local association membership must be retained.

Fellowship is not automatically granted.

### Eligibility

To be eligible for admission to the membership category of Fellow the member must:

- be a registered nurse (Div 1 or Div 2) with the Australian Health Practitioner Regulation Agency (AHPRA) and meet the Registration Standards as defined by the Nursing and Midwifery Board Australia (NMBA)
- be a current financial member of ACORN through membership of their local association
- have appropriate postgraduate (or equivalent) qualifications in perioperative nursing or affiliated disciplines of nursing or health.

Applications from individuals who do not meet these requirements will not be considered.

### Selection criteria

Applicants will be selected for the membership category of Fellow based on the following criteria that provide evidence of contributing to perioperative nursing.

#### Essential

To be considered, applicants must have:

- demonstrated a commitment to the vision and values of ACORN
- actively participated in ACORN, local associations and other bodies or committees
- been acknowledged by peers for high standards of professional practice
- actively promoted ACORN membership and the activities of the College
- produced publications and/or made presentations that have contributed to perioperative and nursing knowledge
- contributed to an ACORN standards review.

## **Desirable**

Ideally, applicants will have:

- made a demonstrable contribution to the advancement of perioperative nursing on a professional, clinical or educational level
- been an ambassador for perioperative nursing
- served on a national and/or international committee
- contributed to perioperative nursing as an expert consultant or representative of perioperative nursing at international, national and state forums
- made a demonstrable contribution to submissions to governments regarding perioperative nursing issues.

## **Entitlements of Fellows**

Fellows of ACORN shall be entitled to:

- be known as a Fellow of the Australian College of Perioperative Nurses
- use the postnominal FACORN
- be presented with and display the ACORN Fellowship certificate
- purchase, be presented with and wear the ACORN Fellowship regalia
- purchase, be presented with and wear the ACORN Fellowship badge
- be presented as a new ACORN Fellow in the conferring ceremony at the biennial ACORN conference
- be eligible to be a member of the Censor's Panel.

## **Responsibilities of Fellows**

Fellows of the College must uphold the values, mission statement and vision of the College as the peak body representing perioperative nurses nationally and internationally.

## **Termination of Fellowship**

The status of Fellow will be withdrawn if the Fellow:

- lets their local association membership lapse
- brings disrepute upon ACORN or perioperative nursing
- fails to pay the annual Fellowship fee
- has their registration suspended or cancelled
- is convicted of a criminal offence.



## How to apply

Complete the attached application form and submit it, with the required supportive evidence, between 1 September and 30 November.

Email: [administrator@acorn.org.au](mailto:administrator@acorn.org.au)

Post: ACORN Censor Panel

PO Box 899

Lyndoch SA 5351

(If posting this application please provide an original and four copies.)

Applications must be received by the ACORN office by 30 November each year to be eligible to be assessed, admitted and announced at the following Annual General Meeting.

## Supporting evidence

The following supporting evidence is to be provided:

- Curriculum Vitae (see accompanying checklist)
- a copy of registration with AHPRA (Nursing and Midwifery Board Australia)
- a copy of documentation showing current local association membership
- a statement of support from local association president
- a statement outlining the importance of Fellowship to the applicant
- statements from two ACORN Fellows supporting the application for Fellowship. These statements must be signed and dated and confirm the applicant's contribution to perioperative nursing by specifically addressing each of the essential selection criteria and, where applicable, the desirable criteria as outlined above. (A pro forma is provided below.)

Applications and nominations without the above supporting evidence will not be considered.



# Fellowship application form

Title: .....

Full name: .....

Postnominals: .....

Address: .....  
.....  
.....

Telephone (business hours): ..... Mobile: .....

Telephone (after hours): ..... Email: .....

Work status:  working  retired

Work place: .....

Position held: .....

Local Association: ..... 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 Perioperative Nurses in relation to my application for Fellowship.

Applicant signature: ..... Date: .....

Witness signature: ..... Date: .....

Witness full name (please print): .....

Former names (if any): .....

Residential address: .....

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## Fee

Application fee: \$50.00 (includes GST)

The application fee may be paid by cheque or credit card. If paying by cheque, please make the cheque out to the Australian College of Perioperative Nurses.

### Credit card authorisation

I hereby authorise the Australian College of Perioperative Nurses to charge my credit card automatically, upon receipt of this authorisation.

Type of card: (Please tick)

Mastercard       Visa

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_

Signature of cardholder: ..... Date: .....

## Curriculum Vitae checklist

Use this checklist to make sure your CV includes the required information.

Personal details	Name	
	Address	
	Home/mobile phone number	
	Work email address	
	Home email address	
Nursing qualifications		
Membership of nursing professional bodies		
Employment history (current to no more than ten years previously)	Current position	
	dates	
	principal accountabilities	
	achievements	
	Previous positions in current area of work and dates of tenure	
	Previous positions in other areas of work and dates of tenure	
Publications		
Presentations		
Professional development	(conferences, study days, development of short courses etc.)	
Referees	Nursing referee 1	
	Nursing referee 2	



## Statement of support

Name of applicant: .....

### Instruction to applicant

Print two copies of this form, one for each referee. Give each referee a copy of this form and a copy of the selection criteria. Include this completed form with your application.

### Instruction to referee

Please complete this form with a statement supporting the application and confirming the applicant's contribution to perioperative nursing as outlined in the selection criteria.

Referee full name: .....

Address: .....

.....

.....

Preferred telephone number): .....

Email address: .....

Supporting statement:



## Application checklist

	Included: Yes/No (to be completed by the applicant)	Received: Yes/No (to be completed by the ACORN office)
Curriculum vitae		
Copy of registration with AHPRA (Nursing and Midwifery Board Australia)		
Copy of current membership documentation		
Statement of support from local association president		
A statement that outlines the importance of the Fellowship to the applicant		
Statements from two Fellows (or members, if invoking sunrise clause) of the College supporting the application for Fellowship		
Original plus four copies of the application (if submitting by post)		
Application fee paid		
If successful, I would like to be inducted at the next biennial ACORN conference		

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Office use:

Date application received: .....

Fee paid:      YES                  NO                  Date paid: .....

Date sent to Censor: .....

Recommendation to board (circle):      YES                  NO

Member notified: .....                  Date: .....