

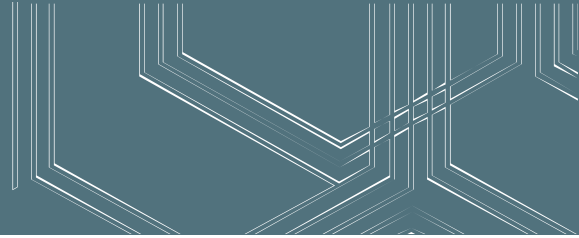
# Nomination Form for Honorary Fellow of the Australian and New Zealand College of Veterinary Scientists



## Nominee Details

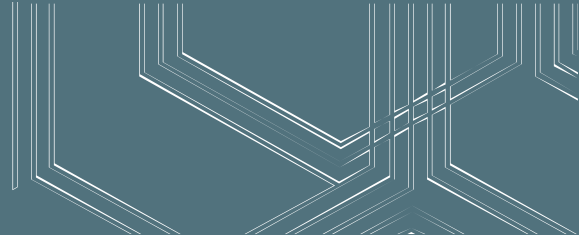
First Name		Surname	
Phone Number		Email address	
Postal Address			
Qualifications			
Field of Nomination			
Date of Nomination			

# Nomination Form for Honorary Fellow of the Australian and New Zealand College of Veterinary Scientists



Please provide a brief description (200 words or less) of why the nominee should be considered for the Honorary Fellowship:

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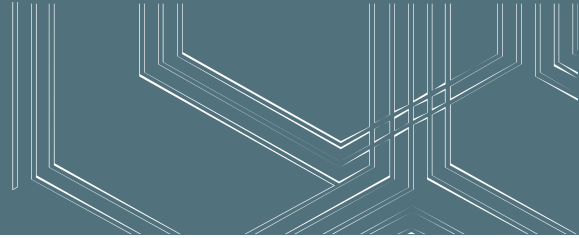
## Award Criteria

Nominees must show evidence of exceptional service to Veterinary Science. Evidence must include three or more of the following categories. (Service in all 6 categories is *not* required.)

Criteria 1: Research and scholarship (including higher degrees, publications).

Criteria 2: Learning, teaching and mentorship.

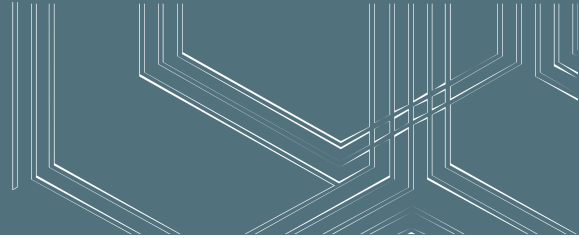
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## Criteria 3: Skills and experience

Criteria 4: Active involvement in the College, including but not limited to service in the Chapters, for College Science Week, Board of Examiners, Council, examinations (Membership level). Dates are required for each category.

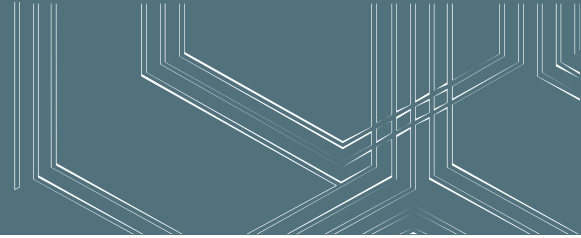
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Criteria 5: Leadership in the field.

Criteria 6: Any other information which is deemed worthy to the nomination.

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## Nominated by:

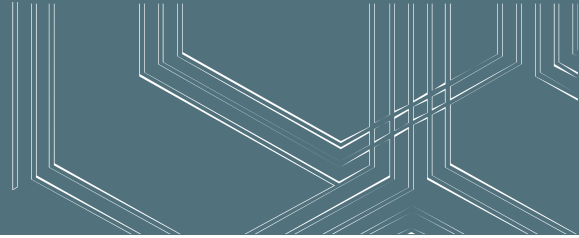
Nominator 1

Name:	
Address:	
Telephone/Mobile number:	
Email address:	
Qualification(s):	
Nominators to declare how they know the nominee and outline their working relationship: The College Conflict of Interest Policy will apply to all nominations (any Conflicts should be clearly communicated).	
Letter of Support	(include as separate document)
Signature:	
Date:	

Nominator 2

Name:	
Address:	
Telephone/Mobile number:	
Email address:	
Qualification(s):	
Nominators to declare how they know the nominee and outline their working relationship: The College Conflict of Interest Policy will apply to all nominations (any Conflicts should be clearly communicated).	
Letter of Support	(include as separate document)
Signature:	
Date:	

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## Nominator 3

Name:	
Address:	
Telephone/Mobile number:	
Email address:	
Qualification(s):	
Nominators to declare how they know the nominee and outline their working relationship: The College Conflict of Interest Policy will apply to all nominations (any Conflicts should be clearly communicated).	
Letter of Support	(include as separate document)
Signature:	
Date:	

Send your completed nomination form to:

The Awards Convenor  
Garden City Office Park Building 3  
2404 Logan Road  
EIGHT MILE PLAINS QLD 4113  
Telephone: 07 3423 2016  
Email: [cm@anzcvs.org.au](mailto:cm@anzcvs.org.au)