



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

### Nominee details

First name:	Surname:
Postal address:	
Phone number:	
Email address:	
Qualifications:	
Date of Nomination:	
Field of Nomination:	

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

## **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.

1. *Research and scholarship: including higher degrees, publications.*

2. *Learning, teaching and mentorship.*

3. *Skills and experience.*

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

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5. *Leadership in the field.*

Empty rectangular box for response to question 5.

6. *Other: any other information which is deemed worthy to the nomination.*

Empty rectangular box for response to question 6.

**Nominated by:**

**Nominator 1**

Name:	
Address:	
Telephone:	
Mobile:	
Email:	
Qualification(s):	
Nominators to declare how they know the nominee and outline their working relationship. The <a href="#">College Conflict of Interest Policy</a> will apply to all nominations (any Conflicts should be clearly communicated):	
Signature:	
Date:	

**Nominator 2**

Name:	
Address:	
Telephone:	
Mobile:	
Email:	
Qualification(s):	
Nominators to declare how they know the nominee and outline their working relationship. The <a href="#">College Conflict of Interest Policy</a> will apply to all nominations (any Conflicts should be clearly communicated):	
Signature:	
Date:	

### Nominator 3

Name:	
Address:	
Telephone:	
Mobile:	
Email:	
Qualification(s):	
Nominators to declare how they know the nominee and outline their working relationship. The <a href="#">College Conflict of Interest Policy</a> will apply to all nominations (any Conflicts should be clearly communicated):	
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  
Fax: 07 3423 2977  
Email: [cm@anzcvs.org.au](mailto:cm@anzcvs.org.au)