



Application for admission as fellow

Thank you for applying for admission as a Fellow to the Australian College of Mental Health Nurses (ACMHN). This form will guide you through the application process and provide you with prompts and a checklist to ensure that all the essential information required is submitted.

The process

Applicants will be notified of receipt of their application by the ACMHN. The panel will consider your application and make a recommendation to the College Board based on your eligibility for admission. Once the College Board has made a decision regarding the panel's recommendation, applicants will be notified of the outcome.

Applicants must satisfy all four criteria to be considered for admission as a Fellow.

1. Continuous financial member of ACMHN for a minimum period of five years. Note: Your membership number and date of joining will suffice, as this will be verified with the ACMHN Membership Officer.
2. Hold a Credential with the ACMHN.
3. Have made a significant contribution to ACMHN in the last five years. Contribution can be at a local, state, national or international level.
4. Have made a significant contribution to mental health nursing in the last five years either through clinical practice, research or scholarship, leadership, management or education or other, beyond that of normal paid work.

Applicants must also provide the names of two (2) referees. One of these must be a financial Fellow of ACMHN

Contact details



02 6285 1078



enquiries@acmhn.org



PO Box 15, Deakin
West ACT 2600



Both referees must provide a written report directly to the ACMHN on or before 31 July. Contact the National Office or visit the College website and download a list of Fellows.

Conditions of application

- Applications will be accepted up to and including 31 July of any year.
- Applications must include all supporting documentation and will not be processed unless all documentation is received with the application by 31 July.
- When considering applications the panel can seek further referees and information if deemed necessary.
- The Board's decision is final; no correspondence regarding the application will be entered into.
- Documentation must be typed, double-spaced and submitted on single sides of A4 size paper.
- A current Curriculum Vitae must be provided with the application.
- A processing fee of \$55.00 (GST inclusive) must be enclosed with applications to cover processing of the application. These fees are not refundable.

Note: Incomplete applications, or those that fail to meet the required standard, will not be considered. Applicants not considered in any year may reapply the following or subsequent years.



Fellowship

Fellowship is a privilege bestowed on members of the College who have demonstrated they have met the criteria set by the ACMHN and endorsed by the Board of Directors. The awarding of Fellowship denotes the person is held in high regard by their peers having made significant contribution to both the profession and the College over time. Fellows promote the College to other nurses and to support other members in applying for Fellowship. The awarding of Fellowship entitles the person to use the acronym FACMHN after their name.

Personal and professional details

Title: _____ First name: _____

Last name: _____ Date of birth: _____

Membership number: _____ Year joined: _____

Postal address: _____

Suburb/Town: _____ State: _____ Postcode: _____

Country: _____

Phone: _____ Mobile: _____

Email address: _____

Employer: _____

Work address: _____

Suburb/Town: _____ State: _____ Postcode: _____

Country: _____

Work Phone: _____ Work Mobile: _____

Email address: _____



Professional declaration

I hereby apply for admission as a Fellow to the Australian College of Mental Health Nurses. I declare that the information and documentation submitted is accurate and genuine.

Signature: _____ Date: _____

Application declaration

I hereby apply for admission as a Fellow to the Australian College of Mental Health Nurses. I have read the conditions of application and understand them.

Signature: _____ Date: _____

Payment details

Bank card:

Please charge the total amount to the following credit card:

Mastercard Visa

Card number: _____

Name on card: _____

Expiry date: ____ / ____ CVC: _____

Signature: _____

EFT Transfer

Bank: St George Bank Limited

BSB: 112-908

Account Number: 473484527

Account Name: Australian College of Mental Health Nurses Incorporated

Reference: Fellowship & Last Name



Checklist

Please use this checklist to ensure that you have provided all the necessary information for your application to be processed.

Check that you have enclosed the following with your application:

- Payment of \$55 for your application processing fee.
- Your membership number and year of joining.
- Your current curriculum vitae.

Ensure you provided written evidence of your contribution to mental health nursing through the following:

- ACMHN College Activities.
- Mental health nursing either through clinical practice OR management/leadership, OR education OR research/scholarship
- The names of two referees, one of whom must be a financial Fellow of the ACMHN who MUST email their report to: enquiries@acmhn.org
- All supporting documentation on A4, single sided paper, and double-spaced.

When you have completed Sections 1 to 5 of this application form, and you are certain that your application is complete, please return to: enquiries@acmhn.org

Applications are accepted up to and including 31 July of any year.

OFFICE USE ONLY

Date application received: _____

Date application response sent: _____

Date sent to President: _____

Membership verification date: _____

Board meeting date: _____

Recommended: Yes No

Notification of result

letter date: _____

Date Registrar informed: _____