

Fellowship Application



APPLICATION FOR ADMISSION AS FELLOW

Thank you for applying for admission as a Fellow to the Australian College of Mental Health Nurses Inc. 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.

ADMISSION CRITERIA

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

1. Continuous financial member of the College for a minimum period of five years. Note: Your membership number and date of joining will suffice, as this will be verified with the College Membership Officer.
2. Hold a Credential with the ACMHN.
3. Have made a significant contribution to the Australian College of Mental Health Nurses Inc. 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 the Australian College of Mental Health Nurses Inc.

Both referees must provide a written report directly to the ACMHN on or before 31 August. Contact National Office or check the website via the [member login page](#) for a list of Fellows.

CONDITIONS OF APPLICATION

- Applications will be accepted up to and including 31 August of any year.
- Applications must include all supporting documentation and will not be processed unless all documentation is received with the application by 31 August.
- 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 \$45.00 (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.

CONTACT DETAILS

PO Box 154
Deakin West Act 2600

Fax: 02 6285 2166
Email: enquiries@acmhn.org

Phone: 02 62851078
Toll Free: 1300 667 079



Fellowship Application



the Australian College
of Mental Health Nurses inc.

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.

Please send your completed application form to:

PO BOX 154, DEAKIN WEST ACT 2600

OR Fax to (02) 6285 2166

1. PERSONAL AND PROFESSIONAL DETAILS

Surname:

First Name(s):

Title (Dr, Mr, Ms, Mrs, Miss, etc):

Postal Address:

Suburb/Town

State

Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Country:

Date of Birth

<input type="text"/>	<input type="text"/>
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Home Phone:

Home Fax:

<input type="text"/>	<input type="text"/>
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Home Email:

ACMHN Membership No:

Year Joined:

<input type="text"/>	<input type="text"/>
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Employer:

Work Address:

Suburb/Town

State

Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Country:

Work Phone:

Work Fax:

<input type="text"/>	<input type="text"/>
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Work Email:

2. PROFESSIONAL DECLARATION

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

Signature: _____

Date: _____

3. APPLICATION DECLARATION

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

Signature: _____

Date: _____

4. PAYMENT DETAILS

I enclose \$45.00 for application processing and investiture fee.

Method of Payment

Cheque/money order enclosed

Credit card payment. Please debit my:

Mastercard

Visa

Card Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Total Authorised Amount: \$ _____

Cardholder's Name: _____

Card Expiry Date: _____

Signature: _____

Date: _____



5. 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 \$45.00 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 send their report direct to President, Australian College of Mental Health Nurses Inc., PO Box 154, Deakin West, ACT, 2600.
- 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 with payment to:

Australian College of Mental Health Nurses Inc.
PO Box 154, Deakin West ACT 2600

Applications are accepted up to and including 31 August 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: _____