



the Australian College  
of Mental Health Nurses Inc.

## 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.

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.

### Contact details



02 6285 1078



[enquiries@acmhn.org](mailto: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 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.



## 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 Inc. 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 Inc. I have read the conditions of application and understand them.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Payment details

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

#### Method of payment

Please charge the total amount to the following credit card:

Mastercard  Visa

Card number: \_\_\_\_\_

Name on card: \_\_\_\_\_

Expiry date: \_\_\_\_\_ / \_\_\_\_\_ CVC: \_\_\_\_\_

Signature: \_\_\_\_\_

Cheque/money order:



## 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 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 or
- 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](mailto:enquiries@acmhn.org)

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: \_\_\_\_\_