



FURTHER INFORMATION FOR THOSE INTENDING TO JOIN THE COLLEGE OF NURSES AS A FELLOW

This category of membership is available to nurses who have earned recognition for their outstanding contribution to nursing in a particular field. Recognition as a Fellow may be obtained through **one** of several possible pathways, and after completion of a minimum of five years nursing practice.

CRITERIA

1. A current practising certificate.
(This may be waived for retired nurses, full time students)
2. Curriculum Vitae with copies of all stated qualifications.
3. A personal statement of not more than 500 words describing the reasons why you believe you should be admitted to the College as a Fellow in either Category 1, 2 or 3.
4. A supporting statement of your leadership ability from one referee.
5. Select **ONE** of the following categories in which you can demonstrate your contribution to the nursing profession and/or community health.

CATEGORY	SUPPORTING EVIDENCE
1. Professional excellence in clinical nursing practice.	Clinical performance assessment from one referee or NP authorisation.
2. Academic achievement leading to either research or publication.	Written or oral summary of research, and/or copies of 2 publications, and/or copies of academic awards.
3. Advancement of nursing through: a) research practice, b) innovation or c) education d) leadership	Written or oral summary of your: a) research, b) innovative practice c) educational contributions or d) leadership contributions

6. Application form (pg 2) and a fee of \$20 must accompany this application.
(Please make cheque payable to College of Nurses Aotearoa or deposit directly to the College account – **BNZ 02 0719 0193130 000** (Reference details of payment must include your full name please.)

I agree that I will continue to promote the development of the nursing profession and to contribute to a high level of professional excellence in nursing practice.

Signed

Date



An organisation which seeks to achieve zero disparities and 100% access to health for all New Zealanders with a focus on professional nursing issues.

Fellowship Application Details

Title _____ Given Names _____ Surname _____

I wish to be placed on the Maori roll. Iwi _____ Hapu _____

Postal Address _____

Suburb _____ City _____ Postcode _____

Email Address _____

Phone Hm (____) _____ Phone Wk (____) _____ Mobile _____

Present Position _____ Employer _____

Fees are to be billed to my employer Billing address (if different to above) _____

Suburb _____ City _____ Postcode _____

Area/s of professional experience / expertise:
For the College to maintain its high level of influence we require information on the experience and expertise of our members. With this information the College, with your assistance, can better provide informed comment on a range of health and nursing issues as well as creating better services for you as a member.

Clinical experience / expertise (please specify)
.....
.....

Research interests.....
.....

And (please tick)

- Workforce Development
- Leadership / management
- Policy Development / review
- Education
- Curriculum development
- Portfolio Development
- Career Development
- Legal Issues
- Mentoring
- Working with the Media
- Preparation of submissions
- Research
- Nursing / Health informatics
- Report Writing
- Community Involvement

Other.....
.....
.....

Qualifications – Professional & Academic.....
.....

\$20 application fee paid by (please circle) **Cheque OR Online banking – Date of payment**

Once your application is approved by the College Censor you will be Invoiced for the Annual Fellowship fees of \$510.00 this may be paid in full by Direct Credit **OR** Monthly Automatic payments of \$42.50 from your bank account.

Please forward the above to: **College of Nurses (NZ) Inc.
PO Box 1258
Palmerston North 4440**