Fellowship of the Australian College of Nursing (ACN) is a prestigious member status awarded to nurses in recognition of significant professional achievement. Fellowship recognises the experience and contribution of nurse leaders to ACN and the nursing profession.

Applications for Fellowship are assessed on the basis of the professional leadership, commitment, and achievements of the applicant. Candidates admitted as Fellows are entitled to:

- Be known as a Fellow of Australian College of Nursing
- Use the post nominal FACN after their name
- Receive and display the certificate of Fellowship.

Eligibility

To apply for ACN Fellowship you must be a current and continuous financial member of ACN for at least three years.

SELECTION CRITERIA

You must address all elements of the three criteria below (maximum 2000 words in total).

1. Leadership

- Outline and provide evidence of your contribution to leadership within the nursing profession in one or more of the following areas:
  - Clinical practice
  - Education
  - Research
  - Policy
- Outline any relevant postgraduate education that you have undertaken and how it relates to your leadership.
- Provide a written statement outlining how your leadership has made a difference to the health care of the community.

2. Contribution to the nursing profession and to health care

- Provide a detailed professional portfolio containing published or unpublished work; for example, project reports, curriculum documents, successful research grant applications and reports, the development of clinical protocols, evidence of implementation of change management, publication in refereed/non-refereed publications/books or evidence of other contributions to the profession and the health industry.
- Detail examples of how you have contributed to the professional growth and development of nurses within the profession.
- Provide certified copies of relevant awards and certificates.

3. Contribution to ACN

- Continuous financial membership of ACN for at least three years.
- Detail active and significant participation in ACN activities for a period of at least two years. Examples of your participation must include at least two examples such as:
  - ACN Board or other ACN committee representation
  - Contribution to ACN policy submissions
  - Contribution to ACN publication(s)
  - Presentation at ACN events
  - Review of ACN Grants and Awards applications
  - Active involvement in ACN Conferences and/or Forums
  - Acting as a representative of ACN in an official capacity
  - Lead roles in an ACN Region or Community of Interest
  - Review ACN conference papers/articles

ACN References

Each application must be accompanied by the contact details of two referees (either two ACN Fellows or one Fellow and one general member) who each provide a letter of support (up to 200 words), stating:

- The capacity in which the referee knows the applicant and nature of their relationship
- How long they have known the applicant
- Words and rationale for supporting the application

Supporting Documentation

Your application must also include the following:

- This completed application form
- An application fee of $40.00 (inc GST) – nonrefundable
- A current Curriculum Vitae
- A professional portfolio outlining all major publications, presentations, and awards
- A certified copy of your current Annual Practicing Certificate/Registration Renewal

Note:

- When referencing involvement with ACN, this includes involvement with ACN's two founding organisations – Royal College of Nursing Australia (RCNA) and The College of Nursing (tcon)
- Unsuccessful applicants may re-apply in subsequent years

Personal details:

ACN Member Number: _____

Title: _____

First Name:_____

Last Name: _____

Email: _____

Street: _____

Suburb: _____

State:_____

Post Code:_____

Professional details:

Position title:_____

Full name of workplace:

_____

Specialty: _____

Payment details:

Card type: Visa/ Mastercard/ Other

Name on card:_____

Card number: _____

Expiry date: _____

CVV: _____

Amount: _____

Date: _____

Sponsor details:

Sponsor 1

ACN Member number: _____

Title: _____

First name: _____

Last name:_____

Relationship:_____

Date: _____

Signature:

Sponsor 2

ACN Member number: _____

Title:_____

First name: _____

Last name:_____

Relationship: _____

Date:_____

Signature:

Checklist

- Completed and signed application form
- Two written and signed references
- Professional portfolio of supporting documentation, including copies of all qualifications
- Curriculum Vitae
- Certified copy of Annual Practicing Certificate/Registration
- Application fee of $40.00

APPLICATION PROCESS

Your application will be reviewed by ACN's Governance and Scholarship Committee (GaSC) who will make a recommendation to the ACN Board of Directors. It is through the ACN Board of Directors that a member is admitted as a Fellow of ACN. Please note that this process may take up to 3 - 4 months. You will then be notified of the Board's decision by email.

DECLARATION

I, the undersigned, hereby apply to be admitted into Fellowship of the Australian College of Nursing (ACN). I agree to undertake, as a condition of Fellowship of ACN, to promote ACN, provide leadership and participate as a representative on request. I declare that I will accept any penalties, including expulsion from ACN, which may be imposed by the Board of Directors for violation of the Constitution or Regulations. I agree that all information sought by the Board of ACN, or any Committee thereof, or any person approved by such Board or Committee, in relation to my application for Fellowship shall for all purposes remain confidential.

Date: _____

Signature: