

**RCN Fellowship and Honorary Fellowship 2026**

Nomination form

**Section 1: Details of the nominee**

I am nominating this person for:

☐ RCN Fellowship (i.e. the nominee is an RCN member)

☐ RCN Honorary Fellowship (i.e. the nominee is not an RCN member)

Name:

Address:

Telephone:

Email address:

RCN membership number (if applicable):

International registration details (if applicable):

Nominee’s current post:

Professional qualifications and/or awards and honours (including scholarships):

RCN offices held (if applicable):

**Section 2: Details of nominator**

Name:

Address:

Telephone:

Email address:

RCN membership number:

Nominator’s current post:

In what capacity do you know the nominee:

**Section 3: Details of supporters**

**Supporter 1**

Name:

Position:

Telephone:

Email address:

**Supporter 2**

Name:

Position:

Telephone:

Email address:

**Supporter 3**

Name:

Position:

Telephone:

Email address:

**Section 4: Testimonials**

The nominator and three supporters must each submit a testimonial about the nominee and why they should receive a Fellowship/Honorary Fellowship.

Please include any examples of how the nominee has made a sustained contribution to the RCN. You may expand upon the space given below as required.

**Nominator testimonial:**

**Supporter testimonial one:**

**Supporter testimonial two:**

**Supporter testimonial three:**

**Section 5: CV**

Please also write a summary CV for the nominee. If you cannot find out the full employment history of the nominee, put as much information as you can.

**Section 6: Declaration**

*I certify that, to the best of my knowledge, the nominee is of such professional and personal standing as to uphold the dignity of a Fellowship of the Royal College of Nursing of the United Kingdom. There have been no financial or other incentives in relation to this award.*

Signed (nominator):

Date:

**Submitting the nomination**

Please send this nomination form to awards@rcn.org.uk.

Make sure that you have included:

* this form, filled out in full and with a signed declaration
* testimonials from the nominator and three supporters
* a summary CV of the nominee.

We will acknowledge that we have received your nomination within seven days. If you have not heard from us after that time, please contact awards@rcn.org.uk or call **020 7647 3612** or **020 7647 3890**.

If you return the form by **Friday 17 October 2025,** the nomination will be considered in time for presentation at the RCN Awards 2026.

**Consent for use of nomination**

I consent to the contents of my nomination being shared with the nominee, if the nomination is successful [ ]

I consent to the contents of my nomination being used in communications about the RCN Awards, if the nomination is successful [ ]

**Where did you hear about this award?**

Please mark all those relevant:

|  |  |  |  |
| --- | --- | --- | --- |
| RCN Magazine |  | RCN email |  |
| RCN event or conference |  | RCN website |  |
| Facebook |  | Regional communications |  |
| Twitter (X) |  | From an RCN representative |  |
| LinkedIn |  | From an RCN staff member |  |
| Other (please explain): |