



College of Emergency Nursing Australasia Ltd

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CENA Fellowship Application Form

Fellowship applicant/nominee details

Please complete the following details:

Full Name: _____ Membership number: _____

Nomination details

Please complete the following details if you are nominating the CENA member listed above for Fellowship:

Name: _____ Membership number: _____

Current CENA Position: _____

Branch: _____

Current members in support of this application/nomination

Name: _____ Name: _____

Membership no: _____ Membership no: _____

Signature: _____ Signature: _____

Criteria for eligibility to Fellowship:

Please provide a CV or written statement (maximum 500 words) that outlines the applicants/nominee contribution to the 4 standards outlined below.

1. Contribution to CENA

Contribution which supports CENA to achieve the objectives of the College.

2. Contribution to emergency nursing

Significant contribution to emergency nursing or emergency patient outcomes.

3. Contribution to nursing and community health

Must be in areas related to emergency care.

4. Emergency nursing expertise

An application for Fellowship must be supported with the following documentation

- Completed Application for Fellowship form
- Copy of the applicants curriculum vitae or Statement

The applicants' curriculum vitae. (where this application is a nomination the CV may be provided once the nominee accepts the nomination as a Fellow)

Note:

The annual fee of \$240 for fellow membership, inclusive of GST is to be paid on Fellowship approval.