



ANSA
ACADEMY OF NURSING
OF SOUTH AFRICA

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FELLOWSHIP NOMINATIONS

In order for your nomination to be considered for a Fellowship with the Academy of Nursing of South Africa (ANSA), the following documentation will need to be included:

- 1. Completed nomination form (attached below)**
- 2. Recent coloured photograph of yourself**
- 3. Proof of current SANC registration**
- 4. Copy of your most up-to-date comprehensive Curriculum Vitae (CV)**
- 5. Proof of payment: Paid review/nomination fee: R200**

BANKING DETAILS:	BENEFICIARY: ANSA	BANK: ABSA
BRANCH CODE: 632005	ACCOUNT NR.: 408 421 5918	
REFERENCE: Surname		

CRITERIA FOR FELLOWSHIP

According to clause 8.1 of the Constitution of ANSA, the criteria for Fellowship are as follows:

- Nominees should be registered as a Professional Nurse or Midwife according to the Nursing Act, No. 33 of 2005
- Nominees should have made an extraordinary contribution to the field of healthcare in South Africa, evidenced by outcomes and impact on individuals, systems, policies and/or organizations
- Nominees should provide evidence of leadership, innovation and scholarship
- Nominees should demonstrate the potential to contribute to the activities of the Academy

Please take note of important guidelines detailed in the Covering Letter when completing this application

COMPLETING THE NOMINATION FORMS

IMPORTANT:

- Answer each question as clearly and completely as possible
- Utilise Arial font size 12 to complete the nomination form
- Adhere to the stipulated word limit (or nominations will not be considered)
- Adhere to the closing date for nominations (as late nominations will not be considered)
- Only the information provided in this nomination form will be reviewed – it is the responsibility of the nominee to provide a sufficiently comprehensive application
- The application must be supported by two existing Fellows
- Should your nomination be successful, you will be required to pay a R300 inauguration/induction fee. An invoice will be forwarded to you.
- It is also the responsibility of the Fellows who support the nomination to ensure that the documentation is complete and provide a comprehensive outline of the nominee's contribution

NOMINATION FORM

We/I hereby wish to nominate the following individual for fellowship of ANSA (PLEASE PRINT):

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SECTION A

To be completed by the Nominee

1. Personal details of the <u>nominee</u>	
Surname:	
Given Names:	
Title:	
Gender:	
Date of Birth:	
SANC Registration Number:	
Contact Details:	Cell Number: Telephone Home: Telephone Work:
Email Address 1:	Email Address 2:

Full Postal Address (H):	Full Postal Address (W):
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2. Category of Nursing or Midwifery activity and achievement areas of the Nominee – choose one of the main categories (X) and add sub-category		
MAIN CATEGORY	X	SUB-CATEGORY / PROFESSIONAL SPECIALITY AREA/ ADDITIONAL QUALIFICATION AREA
Nursing Practice		
Nursing Education		
Nursing Management		
Nursing Research		

ACCEPTANCE AND UNDERTAKING OF NOMINEE

I am willing to be considered for possible acceptance into the Academy of Nursing of South Africa, as a fellow of ANSA and understand and accept the obligations this will place upon me, as well as the financial implications involved.

Signature: _____

Name: _____

Date: _____

SECTION B

To be completed by first Nominator (please type)

Please write a commendation indicating how, and to what extent, the nominee meets the criteria for fellowship of ANSA, and/or why they should be considered for fellowship.

SECTION C

To be completed by second Nominator (please type)

Please write a commendation indicating how, and to what extent, the nominee meets the criteria for fellowship of ANSA, and/or why they should be considered for fellowship.

SECTION D
CERTIFICATE OF NOMINATION

We, the undersigned as Fellows of ANSA, acknowledge that we take responsibility for providing correct information in this nomination form and nominate the following nominee for fellowship of ANSA:

Name of Nominee: _____

Name of First Nominator: _____

Signature: _____ Date: _____

I, the undersigned as Second Nominator, support and endorse the nomination of the above-mentioned candidate. I have read the commendation and verify the information.

Name: _____ Signature: _____ Date: _____

***Please send the completed nomination form and C.V. of the Nominee to:
ANSA Secretary; Prof Annatjie van der Wath – annatjie.vanderwath@up.ac.za***

Please scan the complete nomination including all supporting documents as one file.

For any assistance phone Prof van der Wath – 084 506 3142

DEADLINE FOR NOMINATIONS: 7 OCTOBER 2023