

**Institute of Biomedical Science Awards**

**Honorary Fellowship Nomination Form**

IBMS awards are available by nomination from IBMS members to recognise specific exceptional achievement.

**Honorary Fellowship** is awarded to non-members of high repute and distinction who have made a significant impact on the profession, the organisation and/or healthcare.

The total number of Honorary Fellows shall not exceed forty. The number of IBMS Honorary Fellows currently does not exceed forty therefore we are accepting applications. Honorary Fellows are exempt from paying membership fees. **(Please use this application form).**

**Eligibility Criteria**

The nominee should meet the following criteria:

* Has never been a member of the Institute of Biomedical Science
* Has made a significant impact on the profession, the organisation and/or healthcare

Unfortunately we cannot accept posthumous nominations.

**Nomination process**

Nominations are invited from any corporate members and normally require the support of the Regional Council member where the nominator resides. Where the nominator is a current IBMS Council Member additional Council support is not required. If you reside overseas and do not have a Regional Council member please email [mc@ibms.org](mailto:mc@ibms.org) to discuss a suitable alternative supporter.

We suggest that you do not inform the nominee of your intentions to avoid disappointment. We will not contact them until the award has been ratified by Council.

The nominator and Regional Council member are asked to write testimonials about the nominee and submit these with the form. These should show how the nominee has made an exceptional contribution to biomedical science, the IBMS and/or health care.

You also need to submit contact details and information about the nominee’s employment history. We understand that it is hard to find out details about another person – especially while keeping it a secret – so just put as much information as you can.

Honorary Fellowship is limited by the total number of awards rather than the total per year. Therefore nominations are accepted all year round. All received nominations are considered by the Membership Committee at the next available meeting with a recommendation to the following Council meeting.

The nominator will be informed in writing of the Council decision and the award, if granted, made at an appropriate event such as the Annual General Meeting, President’s Inauguration or suitable local event.

Please submit forms with as much information as you can to [mc@ibms.org](mailto:mc@ibms.org)

**IBMS Honorary Fellowship**

**Nomination form**

**Personal Details of Nominee**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname |  | Forename(s) |  | |
| Address |  | | | |
|  |  | | Postcode |  |
| Email |  | | Telephone |  |

|  |  |  |
| --- | --- | --- |
| **Please outline in around 300 words, why you are nominating the person above for a Honorary Fellowship Award:** | | |
| Signature  *(electronic accepted)* |  | Date: |

**Nominator details:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname |  | | Forename(s) |  | |
| Address | Postcode: | | | | |
| Email |  | | | Telephone |  |
| Branch |  | | | Region |  |
| Date of registration with the Institute | |  | | Membership No |  |

**Regional Council member details:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname |  | | Forename(s) |  | |
| Address | Postcode: | | | | |
| Email |  | | | Telephone |  |
| Branch |  | | | Region |  |
| Date of registration with the Institute | |  | | Membership No |  |

**Section 4: Testimonials**

The nominator and Regional Council member should each submit a testimonial about the nominee and why they should receive an Honorary Fellowship. They should evidence the unique and original contribution the nominee has made to the advancement of biomedical science and/or health care. The testimonials should also demonstrate the reach of the nominee’s work and the extent to which their work and expertise is recognised by others working in the same field.

**Nominator testimonial:**

|  |
| --- |
|  |

**Regional Council member testimonial:**

|  |
| --- |
|  |

**Section 5: CV**

Please also write a summary CV for the nominee with this form. If you cannot find out the full employment history of the nominee, just put as much information as you can and we will endeavour to help you fill in any blanks.

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|  |

Section 6: Declaration

**You also need to sign the following declaration:**

**Nominator**

|  |  |  |
| --- | --- | --- |
| Signature  *(electronic accepted)* |  | Date: |

**Regional Chair**

|  |  |  |
| --- | --- | --- |
| Signature  *(electronic accepted)* |  | Date: |

**Submitting the nomination**

Please return this nomination to [mc@ibms.org](mailto:mc@ibms.org)