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**ANZAHPE Honorary Membership 2024**

**Nomination Form**

**Date:**

**First and Last Name of Nominee:**

**Nominee’s work address, phone number, email:**

**Name of Nominator 1:**

**Relationship of Nominator 1 to Nominee:**

**Name of Nominator 2:**

**Relationship of Nominator 2 to Nominee:**

**Name of Nominator 3:**

**Relationship of Nominator 3 to Nominee:**

**Supporting information required:**

* Nominee’s CV
* Letter of support (of no more than approximately 500 words) that briefly outlines how the nominee has enhanced ANZAHPE by
	+ their special qualities,
	+ their continuing interest in ANZAHPE and
	+ the excellence of their reputation in their field of health professional education.