

# ONLINE FORM: PROPOSAL FOR HONORARY FELLOWSHIP



## Instructions for Completing this Form.

Applications for Honorary Fellowship should be submitted for consideration to the following faculties and institutes:

- Institute of Medicine: [iom@rcpi.ie](mailto:iom@rcpi.ie)
- Institute of Obstetricians and Gynaecologists: [iog@rcpi.ie](mailto:iog@rcpi.ie)
- Faculty of Paediatrics: [paediatrics@rcpi.ie](mailto:paediatrics@rcpi.ie)
- Faculty of Pathology: [pathology@rcpi.ie](mailto:pathology@rcpi.ie)
- Faculty of Public Health Medicine: [fphm@rcpi.ie](mailto:fphm@rcpi.ie)
- Faculty of Occupational Medicine: [fom@rcpi.ie](mailto:fom@rcpi.ie)

Honorary Fellowship of the Royal College of Physicians of Ireland is the highest award the College can bestow. It is the College's acknowledgement of an individual's exceptional contribution to medicine or healthcare.

Queries regarding the application process can be emailed to [nominations@rcpi.ie](mailto:nominations@rcpi.ie)

## PART 1: To be completed by the Nominator

### SECTION 1A: NOMINEE'S PERSONAL DETAILS

Title:                      Family Name:                      Forename(s):  
Nationality:                      Gender:              Male              Female  
Current Post(s) Held (*Maximum of 800 characters*):

Previous Post(s) Held (*Maximum of 800 characters*):

I have attached a CV or biography of the nominee:

### SECTION 1B : NOMINEE'S CONTACT DETAILS

#### HOME

Address:  
City/Zip:                      Country:  
Telephone:                      Mobile:                      Email:

#### WORK

Address:  
City/Zip:                      Country:  
Telephone:                      Mobile:                      Email:  
Preferred means of contact:              Home              Work

**PART 2: To be completed by the Nominator. Two Fellows in good standing of the Royal College of Physicians of Ireland (FRCPI) are required to support the nomination.**

**SECTION 2A: STATEMENT OF REASONS FOR SUPPORT**

State your reasons to support the nominee's application for Honorary Fellowship of the College. Please detail the nominee's outstanding achievement(s) reached, why the nominee would be of value to the College, how the nominee has made an extraordinary contribution to medicine or healthcare etc. (*Maximum of 1800 characters*):

**SECTION 2B: FIRST NOMINATOR DETAILS**

Name:

Contact Address:

Email:

Phone:

FRCPI ID Number:

By signing this form, you are declaring that, to the best of your knowledge, the information is accurate and that the nominee is eligible to be considered for Honorary Fellowship of the College

Signature:

Date:

**SECTION 2C: SECOND NOMINATOR DETAILS**

Name:

Contact Address:

Email:

Phone:

FRCPI ID Number:

By signing this form, you are declaring that, to the best of your knowledge, the information is accurate and that the nominee is eligible to be considered for Honorary Fellowship of the College

Signature:

Date: