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**Nomination for Honorary Fellowship – form**

The award of Honorary Fellow is the highest accolade that the RCOphth can bestow, recognising individuals who have made a significant contribution to ophthalmology.

Individuals can be from any field of ophthalmic science, research and medicine or a member of the general public, so long as their work has inspired, contributed to or made an impact in the field of ophthalmology and the wider eye health sector.  Generally, awards are made to one or two individuals each year.

\*It is important that you do not inform the person you are nominating them.

**I nominate the following person for an Honorary Fellowship:**

|  |  |
| --- | --- |
| Surname: |  |
| Forenames: |  |
| Known as: |  |
| Title: |  |
| Date of Birth: |  |
| Address including Post Code: |  |
| Telephone number: |  |

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| **Nomination**Please describe how your nominee has made a significant impact in their field. We are seeking individuals who have provided outstanding service and who:* Have made meaningful changes, with a focus on practical accomplishments
* Demonstrated innovation and entrepreneurial spirit
* Exemplify sustained, selfless voluntary work
* Contributed in a way that has enhanced life in the UK

Please also mention any additional recognition they have received, such as media coverage, awards, or acknowledgment by professional or interest groups.To help us understand the nominee’s unique contributions, please provide as much detail as possible about their achievements and how they distinguish themselves from others. Be sure to specify whether their accomplishments are in one area or across multiple fields.Note: Please **do not** include CVs. The submission should not exceed **500 words**.Please submit all completed nomination forms to Mariann Peters: mariann.peters@rcophth.ac.uk |

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| **Supporters**Please provide the names and addresses of potential supporters in case the College wishes to seek letters in support of the nomination: |

**Supporter 1:**

|  |  |
| --- | --- |
| Name: |  |
| Membership no: |  |
| Email Address: |  |
| Phone Number: |  |

**Supporter 2:**

|  |  |
| --- | --- |
| Name: |  |
| Membership no: |  |
| Email Address: |  |
| Phone Number: |  |

**Details of the person making the nomination (your details):**

|  |  |
| --- | --- |
| Surname and post nominals: |  |
| Forename: |  |
| Membership no: |  |
| Email address: |  |
| Phone number: |  |
| Relationship to nominee (eg colleague, friend, family member): |  |

**Signature: Date:**

*By submitting this nomination, you declare that the information you have provided is – to the best of your knowledge – accurate and complete. Providing false information may lead to your nominee being removed from consideration for an honour.*