**Form B**

Stage 2 Nomination Form for Honorary Fellowship of AHCS

I, (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

wish to propose:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

for advancement to Honorary Fellowship of the Academy for Healthcare Science. I have enclosed the CV of the nominee and a written testimony of why the nominee is worthy of Honorary Fellowship of the AHCS.

**NB The maximum number of words for the Stage 2 process is 1000.**

I confirm that I have spoken with the nominee who is prepared to be nominated for Honorary Fellowship of AHCS. The nominee has confirmed that AHCS can process their data.

If the nominee is a member of a professional body, please state here:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm that the information contained in this nomination and supporting statement is accurate.

Name of supporter:

Current position:

Address:

Telephone:

Email:

Signature of Supporter:

Date of submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Nominator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please email the completed Stage 2 nomination form and accompanying written testimony and CV of the nominee to: communications@ahcs.ac.uk by **22nd August 2025**