## ACS Fellow Nomination Form

## Name of Nominee:

## Date:

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| Section 1 |
| Each nomination requires the following:   * A citation (in the order of 100 words and not exceed 150 words) which clearly states the distinguished contribution to the field of information technology and/or information technology management upon which the nomination is based * The nomination form – signed by the Nominator, Fellow of the ACS and the Nominee * Contact details for two referees who can verify the distinguished contribution * A detailed CV * Attach additional sheets as needed   The decision for admittance as a Fellow will be based on evidence of a distinguished contribution to the field of information technology and/or information technology management.  Nominations and referee reports should be clear about the contribution and provide sufficient evidence to allow a decision to be made. As a guide the information provided should cover:   * In what role and/or area has the nominee excelled? * How has the nominee demonstrated a contribution worthy of recognition? * How has the nominee’s contribution impacted on the field of information technology and/or information technology management? * Over what period has the nominee made the major contribution? * Has the nominee’s contribution been recognised elsewhere (e.g in the media or by other awards)? * With reference to the ACS Fellows Nominations Guidelines, what makes this person’s contribution a distinguished contribution to the field of information technology and/or information technology management?   All details are to be sent to the relevant Branch Fellows Committee Chair or the Branch Manager at Australian Computer Society in one complete package (*both e-mail and hard copy nominations are acceptable).*  Contact details for the relevant Branch Fellows Committee Chair and the Branch Manager are available from [www.acs.org.au](http://www.acs.org.au/branches). |

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| Nominee | | |
| Name: | | Member Number: |
| Position: | | |
| Company/Organization/University: | | E-mail: |
| Below address is: Business Home | | |
| Street: | | |
| City: | | State/Province: |
| Postal Code: | Country:      Australia | Telephone: |

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| Nominator | | | |
| Name: | | Member Number: | |
| Position: | | Membership Grade: | |
| Company/ Organisation/ University: | | E-mail: | |
| Below address is: Business Home | | | |
| Street: | | | |
| City: | | | State/Province: |
| Postal Code: | Country:      Australia | | Telephone: |

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| 1.1. Citation |
| ***Please provide a description of the Nominee’s distinguished contribution to the field of information technology and/or information technology management.***  (The Citation should succinctly describe the unique, significant, and innovative technical accomplishment(s) of the nominee and/or the outstanding effect of their contribution to the field of information technology in the order of 100 words and not exceed 150 words. The Citation is the foundation for the entire Nomination and forms the basis for assessment. The accomplishments mentioned in the Citation must be elaborated, supported and confirmed by the information stated by the references in the support letters and the other portions of the completed nomination form.) |
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| 1.2. Qualifications and Background |
| 1.2.1. Nominee’s qualifications for Fellow | |
| In what role and/ or area has the nominee excelled? | |
| How has the nominee demonstrated a contribution worthy of recognition? | |
| How has the nominee’s contribution impacted on the field of information technology and/or information technology management? | |
| Over what period has the nominee made the major contribution? | |
| Has the nominee’s contribution been recognised elsewhere (e.g in the media or by other awards)? | |
| With reference to ACS Fellows Nomination Guidelines, what makes this person’s contribution a distinguished contribution to the field of information technology and/or information technology management? | |

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| 1.2.2. Publications and Patents |
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| 1.2.3. Education |
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| 1.2.4. Honors and awards |
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| 1.3. References |
| ***List the details for two referees.*** |

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| Name: | | Membership Number: |
| Position: | | Membership Grade: |
| Company/Organization/University: | | |
| Below address is: Business Home | | |
| Street: | | |
| City: | State/Province: | Country: |
| Postal Code: | E-mail: | Telephone: |

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| --- | --- | --- |
| Name: | | Membership Number: |
| Position: | | Membership Grade: |
| Company/Organization/University: | | |
| Below address is: Business  Home | | |
| Street: | | |
| City: | State/Province: | Country: |
| Postal Code: | E-mail: | Telephone: |

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| Section 2 |
| ***This section is to be completed by the Nominator/-s.*** |
| I/we, the undersigned, nominate (insert Nominee’s name here)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  believing that:  • he/she meets the criteria for becoming a Fellow, as outlined in Section 1 of this form and in line with National Regulations;  • to the best of my/our knowledge all statements in this nomination are true; and  • he/she is a fit and proper person to be elected to the grade of Fellow of the ACS. |
| **Nominated by**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Seconded by**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Section 3 |
| ***Nominee’s Declaration*** |
| **I hereby declare that:**  1. All information submitted by me in this nomination is true to the best of my knowledge. I understand that any misleading statement or omission may be cause for rejection of this nomination. I have read and understood the attached “Guidelines for the Appointment of Fellows”.  2. I understand that it is my responsibility to support the Nominator to ensure that all necessary documentation is submitted to the ACS.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| ***Please use the following prompters to check whether you have completed and enclosed all the requirements for lodging a Fellow nomination:***  Has the Nominator/Nominee listed the names of two Referees (Section 1 of the form)?  Has the Nominee completed and signed the Declaration section (Section 3) of the form?  Has the Nominator signed Section 2 of the form?  Has the Nominator included the Nominee’s curriculum vitae? |

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| Section 4 (ACS use only) |
| 1. **Has membership status check been completed?** |
| *Endorsement by Branch Fellows Committee*   |  |  | | --- | --- | | ACS Membership status | **Paid Up Financial Member: Yes / No**  **Expiry Date:**  **Membership Grade:** | | Endorsed by BFC | **Yes / No** | | Name of BFC Chair |  | | Branch |  | | Date |  |  1. **Points Scores Assessment**   *Assessment by ACS Senior Assessor or Alternate Assessment by BFC Chair where ACS Senior Assessor is unable to complete the task within four weeks of their receipt of the nomination form.*   |  |  | | --- | --- | | Date Nomination Received for Points Score Assessment |  | | Points Score | Points Based on Position: \_\_\_\_\_  Points Based on Qualifications: \_\_\_\_\_  Points Based on Research and Development and Application of ICT: \_\_\_\_\_  Points Based on Achievement: \_\_\_\_\_  Total: \_\_\_\_\_ | | Name of ACS Senior Assessor or Alternate BFC Chair |  | | Date Points Score Assessment completed |  | |
| 1. **Has Branch Fellows Committee determined to continue with the Nomination after the Points Scores Assessment and consideration under the current ACS National Regulations and Membership Guidelines?** |
| *Endorsement by Branch Fellows Committee*   |  |  | | --- | --- | | Endorsed by BFC | **Yes / No** | | Recommendation | **Supported / Rejected** | | Date of Recommendation |  | | If Rejected, Date Nominator/Nominee Informed of Decision by BFC Chair |  | | If Supported, Date Nomination Sent to Branch Executive Committee through the Branch Manager |  | |
| 1. **On the recommendation of the Branch Fellows Committee, has the Branch Executive Committee, determined that a case exists for the nomination to progress to the next stage?** |
| *Endorsement by Branch Executive Committee*   |  |  | | --- | --- | | Endorsed by BEC | **Yes / No** | | Name of the BEC Chair |  | | Branch |  | | Recommendation | **Supported / Rejected** | | Date of Recommendation |  | | If Rejected, Date BFC Chair Informed of BEC Decision |  | | If Rejected, Date Nominator/Nominee Informed of Decision by BFC Chair |  | | If Supported, Date Nomination Sent to PSB through the Branch Manager |  | | Name of Branch Manager |  | |

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| 1. **Certification of Nomination and the process undertaken for compliance with ACS Fellows Guidelines by Director, Professional Standards Board with the assistance of the National Fellows Committee (NFC)** |
| |  |  |  | | --- | --- | --- | | Date Nomination Received for Review by PSB | |  | | Date Nomination Reviewed by PSB Director and NFC | |  | | Certification | | In accordance with the ACS Fellows Process Guidelines, I have considered the recommendations of the BFC, the BEC and the NFC and have examined carefully all of the supporting documentation.  I certify that:   1. A financial membership status check **has/ has not** been completed 2. Correct process **has / has not** been followed 3. The decision is **consistent / not consistent** with criteria for a distinguished contribution 4. The nomination is **recommended / not recommended**. | | Name of Director, PSB | |  | | If Rejected, Date BFC Chair Informed of PSB/NFC Decision |  | | | If Rejected, Date Nominator/Nominee Informed of Decision by BFC Chair |  | | | If Supported, Date Nomination sent to Management Committee through the Chief Executive | |  | |

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| 1. **Decision of the Management Committee**  |  |  | | --- | --- | | Date Nomination along with the Certification of Compliance submitted to the Management Committee by the Chief Executive |  | | Decision of the Management Committee | **Approved / Not Approved** | | Name of the President |  | | Date Result Communicated by the Chief Executive to the BFC Chair through the Branch Manager |  | |