



## **Fellow of the Accounting and Finance Association of Australia and New Zealand**

The Accounting and Finance Association of Australia and New Zealand (AFAANZ) is now accepting applications for members to be recognised as a Fellow of AFAANZ.

Fellowships represent a high level award granted to AFAANZ members who have made a significant contribution to the organisation's activities over a sustained period of time. The award of a fellowship is a means for AFAANZ to show its recognition and appreciation for such contributions.

The most important consideration for advancement to Fellow is that the member has given a sustained, significant contribution to AFAANZ.

### **Selection Criteria**

Fellowships are conferred on current financial members of AFAANZ who have achieved sustained, significant contribution to AFAANZ demonstrated by:

- a minimum membership of AFAANZ of 10 years; and
- a sustained, significant contribution to the AFAANZ membership such as:
  - Service on the AFAANZ board,
  - Service as an editor or regular reviewer for an AFAANZ journal,
  - Service to a special interest group (SIG),
  - Regular AFAANZ conference paper acceptance or published papers in an AFAANZ journal,
  - Other service to AFAANZ such as sub-committee work, technical committee chair or member, conference organization, participation in doctoral events, AFAANZ conference panel member, conference plenary speaker, editorial board and refereeing activities for an AFAANZ journal or AFAANZ conferences or as an AFAANZ representative on an external committee or body.

The above examples are illustrative only and members do not need to have achieved all activities listed above to be awarded a Fellowship.

Note: Members must continue to be a member of good standing of AFAANZ to maintain Fellowship status.

A life member of AFAANZ may refer to themselves as a Fellow of AFAANZ without a formal application for Fellowship being made. Nominations from unsuccessful life membership applicants can be offered Fellow status.

## **Process**

An AFAANZ member may self nominate or be nominated by another member to become a Fellow of AFAANZ by providing the appropriate supporting documentation as outlined in these guidelines.

## **Supporting documentation**

In support of the application, please provide the following documentary evidence:

- The completed application form (see page 3)
- A one page statement that addresses the selection criteria – The committee may request for further information if required.
- If self nominating, two character references<sup>1</sup> or testimonials from people familiar with your AFAANZ contribution and who can help attest to your community standing and contribution to AFAANZ (at least one of whom must be a member of AFAANZ),
- If nominating a member, one character reference<sup>1</sup> or testimonial from the nominating member, and one character reference or testimonial from a person familiar with the nominated person's AFAANZ contribution who can help attest to their community standing and contribution to AFAANZ.
  - If nominating a member, confirmation from nominated person that they are willing to be nominated for this award.
- Any other information in support of the application (limited to no more than two pages).

## **Due date for applications**

Applications must be received via email to [info@afaanz.org](mailto:info@afaanz.org) by 2 November, 2018. The decision(s) of the AFAANZ Board (or nominated sub-committee) will be announced at the AFAANZ Annual Conference being held in Brisbane, Australia in July 2019.

A successful application does not change the fee structure for members.

## **Restriction**

Unsuccessful nominees / applicants must wait at least two years from the closing date of an application before reapplying.

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<sup>1</sup> Any reference or testimony should be no more than one page in length (12 point font)

## APPLICATION FOR FELLOW

of the Accounting and Finance Association of  
Australia and New Zealand



### DETAILS OF FELLOW BEING NOMINATED

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Other Name: \_\_\_\_\_ Family Name: \_\_\_\_\_  
Position: \_\_\_\_\_ Name of Institution: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
City/ Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Tel (Bus): \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_  Female  Male  
AFAANZ Membership number \_\_\_\_\_ Period and number of years of AFAANZ membership \_\_\_\_\_

### SELECTION CRITERIA

- I believe I have met the selection criteria as per the call for applications and have addressed same. (Self nomination)  
OR  
 I believe the person I have nominated meets the selection criteria as per the call for applications and have addressed same (Non-self nomination).

### DETAILS OF NOMINATOR (if non-self nomination)

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Other Name: \_\_\_\_\_ Family Name: \_\_\_\_\_  
Position: \_\_\_\_\_ Name of Institution: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
City/ Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Tel (Bus): \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_ AFAANZ Membership Number: \_\_\_\_\_

### NOMINATOR'S CHECK LIST

- | YES                      | NO (Please select)       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Completed application form   |
| <input type="checkbox"/> | <input type="checkbox"/> | A one page statement that addresses the selection criteria   |
| <input type="checkbox"/> | <input type="checkbox"/> | If self nominating, two character references <sup>1</sup> or testimonials from people familiar with your AFAANZ contribution and who can help attest to your community standing and contribution to AFAANZ (at least one of whom must be a member of AFAANZ)   |
| <input type="checkbox"/> | <input type="checkbox"/> | If nominating another member, one character reference <sup>1</sup> or testimonial from the nominating member, and one character reference or testimonial from a person familiar with the nominated person's AFAANZ contribution who can help attest to their community standing and contribution to AFAANZ |
| <input type="checkbox"/> | <input type="checkbox"/> | The application form signed by the nominee and if applicable, the nominating member  |
| <input type="checkbox"/> | <input type="checkbox"/> | Any other information in support of the application (limited to no more than two pages)  |

### DECLARATION

#### Self nomination

I HEREBY DECLARE THAT the information provided in this application is true and correct. I understand that I must wait at least two years from the closing date of an application before reapplying if my application is unsuccessful.

OR

#### Non-self nomination

I HEREBY DECLARE THAT the information provided in this application is true and correct. I also confirm the nominee agrees to be nominated for this award and understands that unsuccessful nominees must wait at least two years from the closing date of an application before reapplying.

Nominee's Signature: \_\_\_\_\_

Date: / /

Nominator's Signature: \_\_\_\_\_

Date: / /

<sup>1</sup> Any reference or testimony should be no more than one page in length (12 point font)