Election to Fellowship of the Learned Society of Wales – 2022-23

**Honorary Fellowship – Nomination Form**

**The Chief Executive will coordinate the completion of this form with the Nominee, Proposer and Seconders.**

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| 1. **Nominee’s title, name and any post-nominal letters** |
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| 1. **Nominee’s personal details** | | |
| **Gender** |  | |
| **Nationality** |  | |
| **Phone** |  | Work number  Personal number |
| **Email** |  | |
| **Address** |  | Work address  Personal address |

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| 1. **Principal field of activity** |
| **Please describe your field of activity in no more than 5 words.** |
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| 1. **Current appointment** | |
| **Job / role** |  |
| **Organisation** |  |

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| Academic qualifications (excluding honorary qualifications) |
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| Honours and prizes (including any civil honours or honorary degrees) |
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| Fellowship and membership of professional bodies obtained by examination or election (with designatory letters, e.g. FRS, FBA, FREng, FMedSci etc.) |
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| Summary of career |
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| Major contributions made by the Nominee to their field and their impact |
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| Evidence of international recognition (academically or otherwise) |
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| Major publications or outputs |
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| 1. **Proposer** | |
| **Name** |  |
| **Signature (an e-signature is sufficient)** |  |
| **Date** |  |

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| 1. **Seconders** | | | | | | |
| **A** | **Name** |  | **B** | **Name** |  |
| **Signature** |  | **Signature** |  |
| **Date** |  | **Date** |  |

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| Nominee’s declaration and signature | |
| Please sign below to confirm that:   * The information you have provided in this form is accurate and current * You are willing to be considered for election to Honorary Fellowship of the Learned Society of Wales * You are content for this information to be held in the Society’s systems and be made available to Fellows and staff members involved in the Honorary Fellowship election process * You are content for the Society to retain your personal information in order to communicate with you about relevant Society matters | |
| **Name** |  |
| **Signature (an e-signature is sufficient)** |  |
| **Date** |  |
| Please tick if you would like to be added to the Society’s mailing list in order to receive information about our events and activities. We will never pass on your email address to others. | |