

EHPS FELLOW APPLICATION/NOMINATION FORM

(This should be completed for yourself if you are applying for election to EHPS Fellow, or with details of the person you are nominating)

Name: _____

EHPS Membership No: _____ Duration of membership: _____

Current Job Title: _____

Work Address: _____

1. The case for your application / nomination

Please provide details of the substantial contributions which you /your nominee have made to the scientific and professional development of health psychology in your country and to the EHPS in the appropriate sections below.

Please do not exceed 1 page for each section and make sure that you refer to evidence for your statements

(A) SCIENTIFIC CONTRIBUTION

- *Please outline your/your nominee's main scientific contribution to Health Psychology, citing appropriate evidence. You can use up to one page for this section.*

(B) PROFESSIONAL CONTRIBUTION

- *Please outline your/your nominee's main professional contribution to Health Psychology, citing appropriate evidence. You can use up to one page for this section.*

(C) CONTRIBUTION TO EHPS

- *Please outline your/your nominee's main contribution to the EHPS, citing appropriate evidence. You can use up to one page for this section.*

2. Your proposers

- Your proposers should be EHPS members, who have read your Fellow application and indicate their willingness to support your application by signing this form

1st Proposer

Name _____

Address _____

E-mail _____

Signature _____

2nd Proposer

Name _____

Address _____

E-mail _____

Signature _____

3. Suggested Referees

The committee will make the final decision as to which referees they will approach and may choose to approach other referees if necessary.

- Please provide the names, postal and email addresses of up to 3 people, who the committee can approach to provide a reference in support of your Fellow application.
- These people should not be the same as those who have been nominated as proposers;
- and it would be helpful if at least one of these was from outside your own country.

Referee 1

Name _____

Postal Address _____

E-mail _____

Referee 2

Name _____

Postal Address _____

E-mail _____

Referee 3

Name _____

Postal Address _____

E-mail _____

PLEASE RETURN THIS COMPLETED FORM AND YOUR FULL CURRICULUM VITAE TO:

the EHPS secretary, email: secretary@ehps.net

NO LATER THAN DECEMBER 20TH