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**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: Insert Name

*Photo:*

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EHPS Membership Number: 

Duration of membership:  years, from YEAR 

Current Job Title: Insert Job Title

Department, Institute: Insert Dept, Institute

Email: Insert Email

Link to personal webpage: Insert link here

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**

1. *Scientific contribution*
* Please outline your/your nominee’s main scientific contribution to Health Psychology, citing appropriate evidence. Please note that the emphasis should be on the importance of the scientific contribution rather than on metrics (such as number of publications and citations, impact factor, etc.). (1 page max.)
1. *Professional contribution*
* Please outline your/your nominee’s main professional contribution to Health Psychology, citing appropriate evidence. (1 page max.)
1. *Contribution to EHPS*
* Please outline your/your nominee’s main contribution to the EHPS, citing appropriate evidence. (1 page max.)

***2. Proposers***

The proposers should be EHPS members, who have read this Fellow application and indicate their willingness to support this application by signing this form**:**

**1st Proposer**

*Name* Insert Name

*Title* Insert Title

*Position, Dept., Institute* Position, Dept., Institute

*E-mail* Insert Email

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2nd Proposer**

*Name* Insert Name

*Title* Insert Title

*Position, Dept., Institute* Position, Dept., Institute

*E-mail* Insert Email

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*PLEASE SEND THIS* ***COMPLETED APPLICATION FORM****, A* ***FULL CURRICULUM VITAE****,*

*and the* ***REFEREE FORM***

*TO: Sharon Cahill, the EHPS Administrator, email:* *admin@ehps.net*

***NO LATER THAN OCTOBER 31st***