# Application Form for AfN Fellowship

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| **Please ensure you complete all sections of this form** |
| **This application is for a Registered Nutritionist (RNutr) applying to become a Fellow of the Association for Nutrition (FAfN)****Confidentiality statement** All information from the application form and supporting material will be retained by the Association for Nutrition (AfN) and will not be disclosed or circulated other than for the purposes of administering the UK Voluntary Register of Nutritionists (UKVRN). |
| **Personal and Contact Details****(**Please provide details for correspondence from the AfN in regards to your fellowship application, this can be different from the UKVRN Registration details you have displayed on the online register). |
| **Title**  | **First Name(s)** | **Last Name** |
| **Telephone Number** *(include std code)* | **Mobile Number** |
| **Email** | **UKVRN Registration Number and, if known, date full registration obtained** |
| **House / Flat number**  | **Street Name** |
| **Town** | **Postcode** |
| **County / State** | **Country**  |

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| **References** |
| Please provide details of your two referees (see point 4 of ‘Application Guide for UKVRN – FAfN). |
| **Reference 1** |
| Full Name (including title) |
| Occupation/Job Title |
| Capacity in which known |
| **Reference 2** |
| Full Name (including title) |
| Occupation/Job Title |
| Capacity in which known |

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| **Application Checklist** |
| Please tick to confirm you have included the following items with your completed application form ☐ **A short biography** (no more than 200 words) about yourself. This will be circulated to Council and published on our website, should your application be successful.☐ **A full CV**, with your name, address and UKVRN registration number, your academic qualifications and your employment history.☐ **A completed Fellowship Criteria Mapping Form**, drawing from your CV, to address how you meet the Fellowship criteria points.  |

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| **Signed Declaration** |
| * I confirm that I hold current RNutr registration and have held this for at least the last five years.
* I declare that all information included in this application is complete and accurate.
* I agree to my name being published on any electronic or printed list of AfN Fellows.
* I accept, should I successfully be awarded the title Fellow of the Association for Nutrition (FAfN), to pay the FAfN renewal fee for each year I hold the title, payable on the same date as my UKVRN renewal fee.
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| **Signed**  | **Date (DD/MM/YYYY)** |
| *Anyone who provides information subsequently shown to be false will be removed from the list of Fellows and potentially from the UKVRN.* |

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| **Completed applications should be sent to** |
| Registration Team – Fellowships: Email: registration@associationfornutrition.org Subject : Fellowship Application – [Surname]Post: Association for Nutrition, 3rd Floor Alliance House, 29-30 High Holborn, London, WC1V 6AZ |