



Royal Australasian College
of Dental Surgeons
Let knowledge conquer disease

AWARDS NOMINATION FORM

The College makes the following Honorary Awards:

- **Life Fellowship**
The award of Life Fellowship is the highest level of recognition that the College can bestow. The Board may confer Life Fellowship on a Fellow or Member of the College that has demonstrated an exceptional contribution of service to the College. Recipients may use the title “Life Fellow” and are not required to pay annual fees.
- **Honorary Fellowship**
The award of Honorary Fellowship may be conferred on distinguished persons (non-members of the College) who in the opinion of the Board have made an outstanding or exceptional contribution to the advancement of the science and practice of dentistry, or the dental profession over an extended period of time. Recipients may use the postnominal FRACDS (Hon) and are not required to pay annual fees. Both dentists and non-dentists are eligible.
- **Meritorious Service Award**
The Meritorious Service Award can be conferred on individuals who in the opinion of the Board have rendered long and distinguished service to the College. Recipients do not need to be members of the College. Both dentists and non-dentists are eligible.

The level of all Awards shall be determined by the Board, and nominators are not required to indicate their recommended award. Further information on these awards can be found in the College By-laws.

[Submitting the Nomination Form](#)

Complete pages 2 and 3 and submit to the Chief Executive Officer, RACDS by e-mail attachment to ceo@racds.org

RACDS AWARDS – NOMINATION FORM

Nominee			
Family Name			
Given Names			
Suburb	State	Zip/Postcode	
Contact Number			
Email			
College Qualification - Please select all that apply			
<input type="checkbox"/> FRACDS (General Dental Practice)	<input type="checkbox"/> FRACDS (Specialist Dental Practice)		
<input type="checkbox"/> FRACDS (Oral & Maxillofacial Surgery)	<input type="checkbox"/> MRACDS (Specialist Dental Practice)		
<input type="checkbox"/> MRACDS (General Dental Practice)	Please specify discipline _____		
<input type="checkbox"/> Not Applicable			

Two sponsors are required for each nomination

Sponsor 1			
Family Name			
Given Names			
Suburb	State	Zip/Postcode	
Contact Number			
Email			
College Qualification - Please select all that apply			
<input type="checkbox"/> FRACDS (General Dental Practice)	<input type="checkbox"/> FRACDS (Specialist Dental Practice)		
<input type="checkbox"/> FRACDS (Oral & Maxillofacial Surgery)	<input type="checkbox"/> MRACDS (Specialist Dental Practice)		
<input type="checkbox"/> MRACDS (General Dental Practice)	Please specify discipline _____		

Sponsor 2			
Family Name			
Given Names			
Suburb	State	Zip/Postcode	
Contact Number			
Email			
College Qualification - Please select all that apply			
<input type="checkbox"/> FRACDS (General Dental Practice)	<input type="checkbox"/> FRACDS (Specialist Dental Practice)		
<input type="checkbox"/> FRACDS (Oral & Maxillofacial Surgery)	<input type="checkbox"/> MRACDS (Specialist Dental Practice)		
<input type="checkbox"/> MRACDS (General Dental Practice)	Please specify discipline _____		

The College will consider, and if appropriate, will determine which award may be conferred on the proposed nominee.

Please provide supporting information for the nominee to be granted an award.

Submitting the Nomination Form

Complete pages 2 and 3 and submit to the Chief Executive Officer, RACDS by e-mail attachment to ceo@racds.org

For further information, refer to the College Constitution and Bylaw 4 or contact the Chief Executive Officer: Tel +61 (0) 2 9262 6044; email ceo@racds.org