



Royal Australasian College  
of Dental Surgeons  
*Let knowledge conquer disease*

## AWARDS NOMINATION FORM

The College makes the following Honorary Awards:

- **Fellowship or Membership without Examination**

The Awards of Fellowship or Membership without Examination may be conferred on an individual who in the opinion of the Board, are deemed to have qualifications and experience comparable to a Fellow / Member of the College. Only two (2) dentists per financial year in each of general and specialist dental practice respectively may be admitted. Recipients may use the postnominal FRACDS or MRACDS in accordance with By-law 3.

**The level of all Award 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 of the Nomination Form and **submit with a copy of the nominee's brief curriculum vitae** to the Chief Executive Officer, RACDS by e-mail attachment to [ceo@racds.org](mailto:ceo@racds.org)

**RACDS AWARDS – NOMINATION FORM**

Nominee				
Family Name				
Given Names				
Suburb		State		Zip/Postcode
Contact Number				
Email				

**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, determine which award may be conferred on the proposed nominee.**

**Please provide supporting information for the nominee to be granted Fellowship/Membership without Examination.**

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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](mailto:ceo@racds.org)