**FELLOWS OF ARMS**

**NOMINATION FORM 2025**

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| **HOW TO SUBMIT YOUR NOMINATION:** | | | | | | | |
| All questions on this form are compulsory. Nominees are advised to review the **Fellows of ARMS2025\_nomination guidelines** before completing this nomination form.  Any questions relating to the completion of this form can be directed to Maria Zollo, ARMS Chief Operating Officer, email [ARMSCOO@researchmanagement.org.au](mailto:ARMSCOO@researchmanagement.org.au)  Completed nomination forms must be scanned (and fully signed) and emailed to:  [ARMSMembership@researchmanagement.org.au](mailto:ARMSMembership@researchmanagement.org.au) **by cob 5 PM AEST, Monday the 28th of July 2025.**  **Late nominations will not be accepted.** | | | | | | | |
| **SECTION 1: PERSONAL DETAILS OF NOMINEE :** | | | | | | | |
| Name: (Title/Given Name/Surname): | | | |  | | | |
| Current Institution/Organisation: | | | |  | | | |
| Email Address: | | | |  | | | |
| Preferred Contact Phone Number: | | | |  | | | |
| Length of ARMS Membership: | | | |  | | | |
| **SECTION 2: NOMINATOR’S DETAILS:** | | | | | | | |
| Name: (Title/Given Name/Surname): | | | |  | | | |
| Current Institution/Organisation: | | | |  | | | |
| Email Address: | | | |  | | | |
| Preferred Contact Phone Number: | | | |  | | | |
| Length of ARMS Membership: | | | |  | | | |
| **SECTION 3: Eligibility Criteria – In no more than 3 pages (max), address the following criteria:**   * **Provide evidence of how your contributions are congruent with the mission, goals and strategic direction of ARMS.** * **Provide evidence of their enduring and substantial contributions to research management as a practitioner, mentor, trainer or advocate in the research management profession.** * **Provide evidence of how they will continue to provide visionary leadership in research management.** | | | | | | | |
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| **SECTION 4: Provide a 100 word statement and a high resolution photo which will be used for promotional purposes following announcement of the Award.** | | | | | | | |
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| **SECTION 5: Referees: Two referees reports from individuals who can verify your demonstrated experience against the selection criteria in Section 3. Referee reports must not exceed more than one page for each referee. Please also provide details of your referees below:** | | | | | | | |
| Full name | Employment Position | | Organisation | | Contact Numbers | | Email Address |
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| **SECTION 6: Nominee and Nominator’s Verification *I verify that the details provided in this nomination form are true and correct.*** | | | | | | | |
| Name of Nomine | | Signature | | | | Date | |
|  | |  | | | |  | |
| Name of Nominator | | Signature | | | | Date | |