



Fellowship Nomination Form

1. Personal Details of Nominator

Name: _____

Contact Address: _____

Contact Number: _____

Email Address: _____

OSCA membership No: _____

2. Personal Details of Nominee

Name: _____

Contact Address: _____

Contact Number: _____

Email Address: _____

3. Criteria for Nomination

GosC registered:

Fully insured:

Have Fulfilled CPD requirement:

Have not brought profession into disrepute:

Full, Current OSCA member:

