

LIFE MEMBERSHIP

Members who have demonstrated consistent membership over a period of 10 consecutive years and who have supported Developmental/Intellectual Disability Nursing in a variety of ways may be eligible for Life Membership.

STATEMENT

The Professional Association of Nurses in Development Disability Australia Inc. (PANDDA) recognises those who have made an outstanding contribution to the effectiveness of the Association and/or Developmental/Intellectual Disability Nursing during their long standing membership. PANDDA acknowledges this through the award of life membership of the Association.

Life membership will be conferred at the Annual PANDDA Conference.

Members who have demonstrated consistent membership over a period of 10 consecutive years and who have supported Developmental/Intellectual Disability Nursing in a variety of ways may be eligible for life membership.

SELECTION CHARACTERISTICS

- Be a founding member
- Be a financial member of PANDDA for at least 10 years consecutively
- Currently working in as a Developmental/Intellectual Nurse, or working in an area associated with Developmental/Intellectual Disability Nursing, or retired from Developmental/Intellectual Nursing
- Regular attendance at PANDDA conferences and meetings
- Active member of PANDDA Executive Committee
- Presented at PANDDA conferences
- Has published information relating to Developmental/Intellectual Disability Nursing
- Has represented PANDDA at national/international conferences
- Has completed/undertaking outstanding clinical/project work in the field of Developmental/Intellectual Disability Nursing, eg. research, education and/or training
- Be nominated by two financial members of PANDDA

PROCESS

Nominations must be received at least 6 weeks prior to the Annual Conference.

Members of PANDDA (must be full financial members) complete the nomination form recommending an individual nurse become a life member. The nomination must be seconded by another member of PANDDA.

The recommendation should contain an explanation of no more than 250 words providing support for the recommendation.

The committee will review the recommendation in accordance with the life membership characteristics and vote as to whether they consider the person is an appropriate person for life membership.

Life membership can be awarded when the committee approves the nomination.

Life Membership Nomination

ABN: 23-647-452-897

Post your completed nomination form:
The Membership Secretary, PANDDA (Aust) Inc.
PO Box 3633, Parramatta NSW 2124 Australia

NOMINEE DETAILS

SURNAME

FIRST NAME

POSTAL ADDRESS

PHONE NUMBER

MOBILE NUMBER

EMAIL ADDRESS

Outline the accomplishments of the nominee which demonstrates they fulfil the criteria to be awarded life membership.

Life Membership Nomination

ABN: 23-647-452-897

NAME OF NOMINATOR	SIGNATURE	DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>
EMAIL ADDRESS	PHONE NUMBER	MOBILE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>

NAME OF SECONDER	SIGNATURE	DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>
EMAIL ADDRESS	PHONE NUMBER	MOBILE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>

SELECTION CRITERIA

Nominee must achieve 30 points in accordance with the following selection characteristics.

Selection Characteristics	Points per Characteristic	Points Awarded
Founding member	10	
Member of PANDDA for 10 consecutive years	10	
Regular attendance at PANDDA conferences and meetings	5	
Is an active member of PANDDA Executive Committee	7	
Has presented at PANDDA Conferences	5	
Has published information relating to Developmental/Intellectual Disability Nursing	5	
Has represented PANDDA at national/international conferences	5	
Has completed/undertaking outstanding clinical/project work in the field of Developmental/Intellectual Disability Nursing	10	
TOTAL POINTS		

Life Membership Nomination

ABN: 23-647-452-897

ADMINISTRATION

CRITERIA MET

YES NO

DATE RECEIVED

SELECTION PROCESS

LEAD ASSESSOR	SIGNATURE	DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>
EMAIL ADDRESS	PHONE NUMBER	MOBILE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>

COMMENTS

APPROVED BY COMMITTEE

YES NO

DATE

SIGN OFF

PRESIDENT	SIGNATURE	DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>

COMMENTS