**EXPRESSION OF INTEREST FORM**

**NORTHERN TERRITORY TRAINEES’ COMMITTEE**

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| **POSITION** | | **Committee Member** | |
|  |  | | |
| **APPLICANT DETAILS** | | | |
| Title | | |  |
| Given Names | | |  |
| Family Name | | |  |

Select those that apply to you:

Basic Trainee  Advanced Trainee

Adult Medicine  Paediatric & Child Health

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| --- | --- |
| **CONTACT DETAILS** | |
| Phone (work) |  |
| Phone (mobile / home) |  |
| Email |  |

**Tell us what to you think:** We want to know your thoughts around topics of interest to NT trainees!

**What is important to you? What concerns you in relation to your training program?**

**What education events would you want to attend?** For example, specialty lectures for Pharmacology, Immunology, Advanced Trainee Forums etc. (1000 words maximum)

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Please attach a copy of your Curriculum Vitae. Attached

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_

Submit your form and CV to [racpnt@racp.edu.au](mailto:racpnt@racp.edu.au)