



## Chapter of Community Child Health

### REFERENCE GROUP AFFILIATION FORM

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**NAME:** .....  
*Please print clearly*

**EMAIL:** .....

**PLEASE INDICATE WHICH REFERENCE GROUP YOU ARE INTERESTED IN:**  
(you may tick more than one)

Child Development & Behaviour Reference Group

Child Population Health Reference Group

Child Protection Reference Group

***Please return to:***  
Paediatrics & Child Health Division,  
RACP  
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Sydney NSW 2000

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