

Paediatrics & Child Health Division

CHAPTER OF COMMUNITY CHILD HEALTH APPLICATION FOR MEMBERSHIP BY NON-RACP MEMBERS

The Chapter of Community Child Health is committed to supporting doctors with expertise or engagement in any or all of the domains of community child health, including child development, child protection, and child public health. Membership is open to Fellows and Trainees of the RACP, Overseas Trained Paediatricians undertaking assessment via the RACP, and medical practitioners in Australia and New Zealand who have significant expertise or engagement in community child health or the domains of child protection, child development and behaviour and/or child population health.

NB: A successful membership application to the Chapter of Community Child Health does NOT confer membership/Fellowship of the Royal Australasian College of Physicians.

| Applicant name | | Applicant sig | ınature | |
|--|-----------|----------------|--------------|--------------|
| | | | | |
| | | | | |
| Current CV, outlining my experience and current practice in field/s relevant to | | | | |
| Community Child Health, is attached. | | | | |
| Work address | | | | |
| (primary) | | | | |
| | | | | |
| Home address | | | | |
| | | | | |
| Phone | Email | | | |
| I wish to join the Chapter of Community Child Health because: | | | | |
| wish to join the shapter of community office from the sociation. | | | | |
| | | | | |
| | | | | |
| I am interested in (X in as many boxes as relevant): | | | | |
| Child protection | Developme | nt & Behaviour | Child popula | ition health |
| Date of application | | | | |
| NOMINEE DETAIL O (Nomine a moved bald EDAOD in Community Obild Health) | | | | |
| NOMINEE DETAILS (Nominee must hold FRACP in Community Child Health) Name Signature | | | | |
| Name | 3 | ignature | | |
| | | | | |
| City/town and state/territory | | | | |
| Phone | E | mail | | |
| Date nominated | <u> </u> | | | |

Please return this form to <a>Paed@racp.edu.au. Thank you.