**Expression of Interest Form**

***Australasian Chapter of Sexual Health Medicine (AChSHM) Committee***

**AChSHM Fellow Representative**

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| **Applicant Details** |
| Full name |  |
| MIN |  |
| Faculty/Chapter/Division  |  |
| Gender | *[ ]* Male*[ ]* Female*[ ]* Self-described (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*[ ]* Prefer not to say |
| Address |  |
| Phone (mobile/home) |  |
| Email |  |

Please briefly state how your knowledge, qualifications, skill, experience, and interest in *Sexual Health Medicine* will contribute to the objectives of the *Australasian Chapter of Sexual Health Medicine (AChSHM) Committee*.

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By submitting my EOI, I acknowledge that my contact details will be shared with other members of the *Australasian Chapter of Sexual Health Medicine (AChSHM) committee* and College staff working with the *Australasian Chapter of Sexual Health Medicine (AChSHM) committee.*

**Declaration of Eligibility**

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby confirm that all information provided in support of my expression of interest is complete and accurate and is not misleading in any way. I have not been removed from a Committee by the College Board in the previous five (5) years.

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

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

**Please attach a copy of your Curriculum Vitae**

Form to be emailed to shmed@racp.edu.au with a copy of your CV