**Expression of Interest Form**

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

**AChSHM Fellow Representative**

|  |  |
| --- | --- |
| **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*.

|  |
| --- |
|  |

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](mailto:shmed@racp.edu.au) with a copy of your CV