



Australasian Faculty of Public Health Medicine

## **Expression of Interest Form**

College Body	
Position applying for	

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

Please briefly state how your knowledge, qualifications, skill, experience, and interests will contribute to the objectives of the \_\_\_\_\_

By submitting my EOI, I acknowledge that my contact details, EOI and Curriculum Vitae will be shared with other members of the \_\_\_\_\_\_ and

College staff working with \_\_\_\_\_

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Australasian Faculty of Public Health Medicine

## **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 click the button below and send this form with a **copy of your Curriculum Vitae** <u>faculty.examinations@racp.edu.au</u>

SUBMIT AND EMAIL FORM