



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 _____

1





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