



## Expression of Interest Form

<b>College Body</b>	
<b>Position applying for</b>	

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

<b>Please briefly state how your knowledge, qualifications, skill, experience, and interests will contribute to the objectives of the _____ :</b>

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 \_\_\_\_\_

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Please click the button below and send this form with a **copy of your Curriculum Vitae** to [afphm@racp.edu.au](mailto:afphm@racp.edu.au)

**SUBMIT AND EMAIL FORM**