



Expression of Interest Form

College Body	Australasian Faculty of Public Health Medicine
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 benefit the FTC in PHM

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 _____.

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** to PublicHealth@racp.edu.au

SUBMIT AND EMAIL FORM