A logo for a medical facility

AI-generated content may be incorrect.

**Expression of Interest Form for Advanced Trainee Representative on the Faculty Paediatric Training and Assessment Committee (FPTAC)**

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| **Applicant Details** | |
| *Title* |  |
| *Full name* |  |
| *Contact Number* |  |
| *Email* |  |

**Briefly state how your knowledge, qualifications and experience will contribute to the objectives of this role on the Training Committee**

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Please email completed form and your Curriculum Vitae to Atrin Moghaddas via [Rehab@racp.edu.au](mailto:Rehab@racp.edu.au). Please be advised that a summary of your AT will be presented to the Committee.

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| **How did you hear about this EOI** | |
| RACP EOI page |  |
| RACP social media (Facebook, Twitter) |  |
| From member of the Training Committee |  |
| Special Society newsletter/email |  |
| Other | (please specify) |