Expression of Interest Form

Thank you for expressing your interest in becoming an RACP Accreditation Subcommittee Member.

To be eligible for the Member role, you must:

* be a Fellow of the Adult Medicine or Paediatrics & Child Health Division
* have at least two years of specialist experience
* have participated in a medical education program.

If you meet the eligibility criteria, please complete and submit this form, including your Curriculum Vitae, to the Accreditation Unit at accreditation@racp.edu.au | accrediation@racp.org.nz.

Please ensure all sections are completed prior to submission.

Section 1 – Applicant Information

Please provide your contact details and your professional experience relevant to the eligibility criteria in the following sections.

|  |  |
| --- | --- |
| **Name** |  |
| **MIN** |  |
| **Specialty Society** |  |
| **Street Address** |  |
| **Suburb/City** |  |
| **State/Territory** |  |
| **Postcode** |  |
| **Contact Number** |  |
| **Email Address** |  |

Education Qualifications

|  |  |  |
| --- | --- | --- |
| **Degree/Fellowship** | **Year Conferred** | **Conferring University/College** |
|  |  |  |
|  |  |  |
|  |  |  |

Employment Summary

|  |  |
| --- | --- |
| **Role** | **Employer** |
|  |  |
|  |  |
|  |  |

Committee Experience Summary

|  |  |
| --- | --- |
| **Role** | **Board or Committee** |
|  |  |
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|  |  |

Expression of Interest Statement

Please provide information to support your interest in the Subcommittee Member role in the section below.

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**Please attach a copy of your Curriculum Vitae.** Attached [ ]

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 years.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature: Date:

# Section 2 – Applicant Availability

In the section below, please enter your availability and any other relevant information pertinent to the scheduling of accreditation reviews[[1]](#footnote-1). This will assist Training Accreditation Services in the allocation process.

|  |  |
| --- | --- |
| **Preferred days for accreditation reviews** | [ ]  Monday[ ]  Tuesday[ ]  Wednesday[ ]  Thursday[ ]  Friday |
| **Periods unavailable (weeks/months)**(e.g. annual leave, conferences, school holidays, etc.) |  |
| **Additional information**(e.g. dietary requirements) |  |

Conflict of Interest

As per the College’s [Conflict of Interest Policy](https://www.racp.edu.au/docs/default-source/default-document-library/conflicts-of-interest-policy.pdf?sfvrsn=68302f1a_8#:~:text=A%20Conflict%20of%20interest%20may,relationship)%3A%2D%20Page%203%20of), any member of a College body who is associated with the outside party (the training setting being reviewed) can be perceived as having a conflict of interest.

In the section below, please provide information regarding any current conflict of interest.

|  |
| --- |
|  |

1. If eligible, applicants are required to complete two accreditation reviews **as observers** before becoming an RACP accreditor. [↑](#footnote-ref-1)