

**COLLEGE LEARNING SERIES COMMITTEE (ADULT MEDICINE)**

**EXPRESSION OF INTEREST FORM – BI-NATIONAL COORDINATOR**

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| **Name:** |  |
| **Employer:** |  |
| **Position Held:** |  |
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| **Committee:** | College Learning Series Committee (Adult Medicine) |
| **Position:** | Bi-National Coordinator |
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| **Briefly state how your knowledge, qualifications and experience support your expression of interest to be appointed to the above position in accordance with the objectives of the CLS Committee (AMD) Terms of Reference.**  **Committee member appointments are subject to formal appointment by the College in accordance with the College’s policies and procedures for the appointment of members of College Bodies.** | |
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**Signed Date**

Please return completed EOI form and a short copy of your curriculum vitae by 5:00pm (AEST) Thursday, 22 May 2025 to [CLS@racp.edu.au](mailto:CLS@racp.edu.au)