RACP Expression of Interest Form for the

**Advanced Training in Clinical Genetics**

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| **Applicant Details** |
| *Title* |  |
| *Given Names* |  |
| *Family Name* |  |
| **Contact Details** |
| *Address* |  |
| *Phone (work)* |  |
| *Phone (mobile / home)* |  |
| *Email* |  |

Briefly state how your knowledge, qualifications, experience and interest in training and education will contribute to the objectives of this Committee.

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

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please email completed form to: Rebecca Li-Toovey

clinicalgenetics@racp.edu.au