

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

**EXPRESSION OF INTEREST FORM – WESTERN AUSTRALIA COORDINATOR**

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| **Name:** |  |
| **Employer:** |  |
| **Position Held:** |  |
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| **Committee:** | College Learning Series Committee (Adult Medicine) |
| **Position:** | Western Australia Coordinator |
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| **Briefly state how your knowledge, qualifications and experience support your expression of interest to be appointed as a member of the College Learning Series Committee (Adult Medicine) 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) Monday, 5 May 2025 to [CLS@racp.edu.au](mailto:CLS@racp.edu.au)