

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

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

|  |  |
| --- | --- |
| **Name:**  |  |
| **Employer:** |  |
| **Position Held:** |  |
|  |
| **Committee:** | College Learning Series Committee (Adult Medicine) |
| **Position:** | Western Australia Coordinator |
|  |
| **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.** |
|  |

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

**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