



Expression of Interest Form

Consumer Advisory Group

Applicant Details	
Full name	
MIN	
Faculty/Chapter/Division	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Self-described (please specify): _____ <input type="checkbox"/> Prefer not to say
Address	
Phone (mobile/home)	
Email	

Please briefly state how your knowledge, qualifications, skill, experience, and interest in supporting the benefits of consumer engagement will contribute to the objectives of the Consumer Advisory Group.

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By submitting my EOI, I acknowledge that my contact details will be shared with other members of the Consumer Advisory Group and College staff working with the Consumer Advisory Group.

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 (5) years.

Signature _____

Date _____

Please attach a copy of your Curriculum Vitae

Form to be emailed to consumers@racp.edu.au with a copy of your CV