

## Expression of Interest form

**College Body:** Training Program Committee – Basic  
Training in Adult Medicine (Aotearoa New Zealand)

**Position:** Director of Physician Education

### Personal Details

Name	
MIN	
Specialty Society	
Street Address	
Suburb/City	
State/Territory	
Postcode	
Phone Number	
Email Address	

### Education Qualifications

Degree/Fellowship	Year Conferred	Conferring University/College

### Employment Summary

Role	Employer

### Committee Experience Summary

Role	Board or Committee

## Expression of Interest Statement

*Please provide information to support your interest.*

**Please attach a copy of your Curriculum Vitae.**

Attached ☐

## 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.

\_\_\_\_\_  
Applicant's Signature:

\_\_\_\_\_  
Date: