 **Expression of Interest form**

**College Body:** Training Program Committee – Basic Training in Paediatric & Child Health Medicine (Aotearoa New Zealand)

**Position:** Director of Paediatric Education / Educational Supervisor

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**Personal Details**

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

**Education Qualifications**

|  |  |  |
| --- | --- | --- |
| **Degree/Fellowship** | **Year Conferred** | **Conferring University/College** |
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**Employment Summary**

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| --- | --- |
| **Role** | **Employer** |
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**Committee Experience Summary**

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| --- | --- |
| **Role** | **Board or Committee** |
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**Expression of Interest Statement**

*Please provide information to support your interest.*

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**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.

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Applicant’s Signature: Date: