Committee Member Nomination Form

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| *Please select the position you are applying for.*  I would like to express my interest in the following position:  ☐ **Paediatrics & Child Health Division Representative – Australia** of the Continuing Professional Development Committee  ☐ **Faculty Representative – Aotearoa NZ** of the Continuing Professional Development Committee |

Thank you for expressing your interest in becoming a member of **the Continuing Professional Development Committee**.

To be eligible, you must have:

* Knowledge of the RACP CPD participation policy and the mandatory requirements for CPD
* Significant current knowledge, understanding and experience of developments in CPD and regulatory requirements
* In-depth knowledge of the MyCPD program and what is expected of specialists in Australia and Aotearoa New Zealand
* Experience and /or knowledge of cultural safety and its importance in CPD (beneficial).

If you meet the eligibility criteria, please complete and submit this form, including your Curriculum Vitae, to the **Continuing Professional Development Committee** (CPDC) Secretariat at [mycpd@racp.edu.au](mailto:mycpd@racp.edu.au) **by COB 29 August 2025**.

Please ensure all sections are completed prior to submission.

Nominee Information

Please provide your contact details and your professional experience relevant to the eligibility criteria in the following sections.

Personal Details

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| **Name** |  |
| **Ahpra Registration Number** |  |
| **Member Identification Number (MIN)** |  |

Nomination Form

Nominees are requested to provide information on their background and a statement in support of their expression of interest.

Part 1 – Nominee Statement

Please provide supporting information on how you, will effectively contribute to the Committee. This might include your views on issues, strategies, or priorities for the College and the Committee and how you might wish to further these. (Maximum 500 words)

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Part 2 – Background, Experience and Skills

Please provide 100-200 words in each relevant section.

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| **Please provide your experience and achievements in relation to the eligibility criteria:**   * *Knowledge of the RACP CPD participation policy and the mandatory requirements for CPD* * *Significant current knowledge, understanding and experience of developments in CPD and regulatory requirements* * *In-depth knowledge of the MyCPD program and what is expected of specialists in Australia and Aotearoa New Zealand* * *Experience and / or knowledge of cultural safety and its importance in CPD.* |
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| **Please comment on your leadership contributions either within the College or in other relevant organisations and contexts:**   * *In-depth knowledge of the medical education environment across the continuum* * *Demonstrated competence on cultural safety and addressing health inequities* * *Professional development or participation in accreditation with the Australian Medical Council / Medical Council of New Zealand.* |
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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 nomination is complete and accurate and is not misleading in any way.

* I am eligible to nominate.
* I have not been removed from a Committee by the College Board in the previous five (5) years.
* I am a financial member of the College.
* I understand and accept the [Consulting with Civility Statement](https://www.racp.edu.au/docs/default-source/about/governance/consulting-with-civility-statement.pdf?Status=Temp&sfvrsn=46a7a21a_7) and [Code of Conduct](https://www.racp.edu.au/about/board-and-governance/governance-documents/racp-code-of-conduct).
* I understand that my nomination as Committee Member of the College may be revoked if I breach the [Code of Conduct](https://www.racp.edu.au/about/board-and-governance/governance-documents/racp-code-of-conduct).

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Nominee’s Signature: Date: