**Expression of Interest Form**

**For nomination to the Independent Health and Aged Care Pricing Authority (IHACPA) Clinical Advisory Committee (CAC)**

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| **Applicant Details** |
| Full name |  |
| MIN |  |
| Faculty/Chapter/Division  |  |
| Gender | [ ]  Male[ ]  Female[ ]  Self-described (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Prefer not to say |
| Member status | [ ]  Trainee[ ]  Fellow |
| Location | [ ]  Australia[ ]  Aotearoa New Zealand |
| Address |  |
| Phone (mobile/home) |  |
| Email |  |

Please indicate reason for interest for nomination to the Independent Health and Aged Care Pricing Authority (IHACPA) Clinical Advisory Committee (CAC):

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Please briefly detail your expertise and current work relevant to Clinical Advisory Committee:

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By submitting my EOI, I acknowledge that my contact details will be shared with the external body.

**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 Policy@racp.edu.au with a copy of your CV.