



Expression of Interest Form

External Body	
Working Group Name	

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

<p>Please briefly state how your knowledge, qualifications, skill, experience, and interests will contribute to the objectives of the _____:</p>

By submitting my EOI, I acknowledge that my contact details, EOI and Curriculum Vitae will be shared with other members of the _____ and College staff working with _____.



RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE



Australasian Faculty of
Occupational and Environmental Medicine
Specialists caring for workers' health

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 click the button below and send this form with a **copy of your Curriculum Vitae** to afoem@racp.edu.au

SUBMIT AND EMAIL FORM