RACP
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Expression of Interest
Indigenous Health Curriculum Expert Advisory Group

Applicant Details	
First Name (as you would like to be addressed)	
Surname	
Cultural Affiliation / Identity (if you wish to share)	
Organisation / Institution	
RACP Membership (if yes, please specify Faculty / Chapter / Division)	

Select the role you wish to be considered for	
☐	Chair (must identify as Māori, and / or Aboriginal and / or Torres Strait Islander)
☐	Māori, and / or Aboriginal and / or Torres Strait Islander Elder
☐	Māori, and / or Aboriginal and / or Torres Strait Islander academic
☐	Māori, and / or Aboriginal and / or Torres Strait Islander physician

Contact Details	
Address	
Phone (mobile / home)	
Email	

We'd love to hear about your background, interests, and what you would bring to the Expert Advisory Group.

You may wish to include:

- Relevant experience in Indigenous health, education, pedagogy, or Indigenous knowledge systems
- Community roles and lived experience you would like to share
- Why you are interested in contributing to the Expert Advisory Group

☐ Please attach a copy of your Curriculum Vitae (CV).

Signature _____

Date _____

Form (including attachment) to be emailed to hauoramaori@racp.org.nz