**EXPRESSION OF INTEREST FORM**

**NORTHERN TERRITORY TRAINEES’ COMMITTEE**

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| **POSITION** | **Committee Member** |
|  |  |
| **APPLICANT DETAILS** |
| Title |  |
| Given Names |  |
| Family Name |  |

Select those that apply to you:

Basic Trainee [ ]  Advanced Trainee [ ]

Adult Medicine [ ]  Paediatric & Child Health [ ]

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| **CONTACT DETAILS** |
| Phone (work) |  |
| Phone (mobile / home) |  |
| Email |  |

**Tell us what to you think:** We want to know your thoughts around topics of interest to NT trainees!

**What is important to you? What concerns you in relation to your training program?**

**What education events would you want to attend?** For example, specialty lectures for Pharmacology, Immunology, Advanced Trainee Forums etc. (1000 words maximum)

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Please attach a copy of your Curriculum Vitae. Attached [ ]

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_

Submit your form and CV to racpnt@racp.edu.au