RACP Expression of Interest Form

**Australian OTP Assessment Committees**

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| **Fellow Details** |
| *Title* |  |
| *Given Names* |  |
| *Family Name* |  |
| *Faculty/Chapter/Division*  |  |
| *Specialty* |  |

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| **Contact Details** |
| *Address* |  |
| *Phone (work)* |  |
| *Phone (mobile / home)* |  |
| *Email* |  |

Briefly state how your knowledge, qualifications, experience and interest in becoming an interviewer position will contribute to the objectives of this Committee.

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

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

Please email your completed form to OTP@racp.edu.au.