



## Expression of Interest Form

<b>College Body</b>	<b>Australasian Faculty of Public Health Medicine</b>
<b>Position applying for</b>	<b>Trainee Representative on the Training Program Committee in Public Health Medicine</b>

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

Please briefly state how your knowledge, qualifications, skill, experience, and interests will benefit the Training Program Committee in PHM

By submitting my EOI, I acknowledge that my contact details, EOI and Curriculum Vitae will be shared with other members of the Training Program Committee in Public Health Medicine and College staff working with Australasian Faculty of Public Health Medicine.



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Australasian Faculty of  
Public Health Medicine

### 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 \_\_\_\_\_

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Please click the button below and send this form with a **copy of your Curriculum Vitae** to [PublicHealthMedicine@racp.edu.au](mailto:PublicHealthMedicine@racp.edu.au)

**SUBMIT AND EMAIL FORM**