**RACP Expression of Interest Form**

**Queensland Trainees’ Committee**

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| **Applicant details** |
| Title |  |
| Given names |  |
| Family name |  |
| Faculty/ Chapter/Division  |  |

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| **Position applying for** |
|  | Member Queensland Trainees’ Committee |

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

Briefly state how your knowledge, qualifications, experience and interests will contribute to supporting the QLD Trainees’ Committee.

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

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

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

Please email completed form to: RACP Queensland Regional Office

RACPQLD@racp.edu.au