Expression of Interest Form

Thank you for expressing your interest in becoming an RACP Accreditor for the Royal Australasian College of Physicians (‘the College’).

To be eligible for the role as an Accreditor, you must:

* be a Fellow of the Adult Medicine or Paediatrics & Child Health Division
* have at least two years of specialist experience
* have participated in a medical education program
* agree to act in the best interests of the College and in line with the RACP College values
* have not been forcibly discharged from employment as a physician
* have not had conditions placed on the registration as a Medical Practitioner by the Medical Board of Australia, AHPRA or any other relevant governing body

If you meet the above eligibility criteria, please complete and submit this form, including a copy of your Curriculum Vitae and forward it to Training Accreditation Services at accreditation@racp.edu.au | accreditation@racp.org.nz.

Please ensure all sections are completed prior to submission.

Section 1 – Applicant Information

Please provide your contact details and your professional experience relevant to the eligibility criteria in the following sections.

|  |  |
| --- | --- |
| **Name** |  |
| **MIN** |  |
| **Specialty Society** |  |
| **Street Address** |  |
| **Suburb/City** |  |
| **State/Territory** |  |
| **Postcode** |  |
| **Contact Number** |  |
| **Email Address** |  |

Education Qualifications

|  |  |  |
| --- | --- | --- |
| **Degree/Fellowship** | **Year Conferred** | **Conferring University/College** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Employment Summary

|  |  |
| --- | --- |
| **Role** | **Employer** |
|  |  |
|  |  |
|  |  |

Committee Experience Summary

|  |  |
| --- | --- |
| **Role** | **Board or Committee** |
|  |  |
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|  |  |

Expression of Interest Statement

Please provide information to support your interest in the Accreditor role in the section below.

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

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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature: Date:

# Section 2 – Applicant Availability

In the section below, please enter your availability and any other relevant information pertinent to the scheduling of accreditation reviews[[1]](#footnote-1). This will assist the Accreditation Unit in the allocation process.

|  |  |
| --- | --- |
| **Preferred days for accreditation reviews** | [ ]  Monday[ ]  Tuesday[ ]  Wednesday[ ]  Thursday[ ]  Friday |
| **Periods unavailable (weeks/months)**(e.g. annual leave, conferences, school holidays, etc.) |  |
| **Additional information**(e.g. dietary requirements & coffee/tea preferences) |  |

Conflict of Interest

As per the College’s [Conflict of Interest Policy](https://www.racp.edu.au/docs/default-source/default-document-library/conflicts-of-interest-policy.pdf?sfvrsn=68302f1a_8#:~:text=A%20Conflict%20of%20interest%20may,relationship)%3A%2D%20Page%203%20of), any member of a College body who is associated with the outside party (the training setting being reviewed) can be perceived as having a conflict of interest.

In the section below, please provide information regarding any current conflict of interest.

|  |
| --- |
|  |

1. If eligible, applicants are required to complete two accreditation reviews **as observers** before becoming an RACP accreditor. [↑](#footnote-ref-1)