Expression of Interest Form

Thank you for expressing your interest in becoming an RACP Accreditor (Trainee Representative).

To be eligible for the role as RACP Accreditor (Trainee Representative) you must:

* be a current Basic Training or Advanced Training trainee of the Adult Medicine or Paediatrics & Child Health Division;
* be based in Australia or Aotearoa New Zealand.

If you meet the eligibility criteria, please complete and submit this form, including your Curriculum Vitae, to the Training Accreditation Services at [accreditation@racp.edu.au](mailto:accreditation@racp.edu.au) | [accreditation@racp.org.nz](mailto: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** |  |
| **Country** |  |
| **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 RACP Accreditor (Trainee Representative) 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.

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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 Training Accreditation Services in the allocation process.

|  |  |
| --- | --- |
| **Preferred days for accreditation reviews** | Monday  Tuesday  Wednesday  Thursday  Friday |
| **Anticipated unavailable periods (weeks/months)**  (e.g. annual leave, conferences, school holidays, etc.) |  |
| **Dietary Requirements & Drink Preference:** *(for site visit attendance)* |  |

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. The College appreciates that due to frequent changes in rotations to Training Settings during training program completion that actual, perceived or anticipated Conflicts of Interest could be difficult to determine.

In the section below, please provide information regarding any current or anticipated conflicts of interests:  
*\*Include any Training Settings you have completed training or been employed by in the last 5 years and any Training Settings that you anticipate to complete training at in the near future:*

|  |  |  |
| --- | --- | --- |
| **Training Setting** | | **Time Period of Conflict** |
|  | |  |
|  | |  |
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|  | |

If you are uncertain about a Conflict of Interest during the accreditation process, please contact Training Accreditation Services for assistance.

Next Steps

Once the Expression of Interest is submitted, Training Accreditation Services will advise you of the review timeline and when an outcome can be expected to be received.

1. [↑](#footnote-ref-1)