



THE NOMINATION FORM AND CANDIDATE STATEMENT

All candidates are requested to provide information on their background and a statement in support of their candidacy.

To ensure Members are able to easily access information about candidates please limit your information to a total of 250 words in Part 1 and 100-200 words in each section of Part 2. You may provide additional documentation, such as a CV, as attachments to this document.

Part 1: Candidate Statement

Please provide supporting information for Members on how you, individually, might effectively contribute to the College Body. This might include your views on issues, strategies, or priorities for the College and how you might wish to further these. (500 words in total)



Part 2: Background, Experience and Skills

Please provide 100-200 words in each relevant section

Please provide brief details of your background as an adult medicine physician, paediatric physician or current/recent trainee.

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Please provide your experience and achievements in one or more of the core activities of the College:

- **Education and Training** – development, delivery or assessment of education and training
- **Policy and Advocacy** - developing, or advocating, for public policy, building community relationships and networks in areas relevant to health care
- **Research** - research, research training, research management, research development or the funding or supervision of research in medicine
- **Fellowship Matters** - roles related to building engagement and relationships with members, the health industry and organisational partners

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Please comment on your leadership contributions either within the College or in other relevant organisations and contexts.

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Please comment on your capacity to contribute in any other areas of a member of a College Body including:

- **Governance** - An appreciation of contemporary governance practices in relation to the operation of the Board and the requirements of a Director
- **Strategy** - The ability to contribute to the development and implementation of a relevant strategy for the College
- **Financial** - The ability to understand the College's financial situation and budgets
- **Risk** - An understanding of the actual and potential risks the College faces in undertaking its activities
- **Legal** - An appreciation of the legal environment that impacts the College and the role of a Director

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Please comment on your skills and experience in the following areas:

- Strategic Marketing and Communications,
- Indigenous Cultural Awareness (Maori, Aboriginal and Torres Strait Islander),
- Health Management /Administration; and/or
- Accreditation

Please provide details of any material personal interests or actual/potential conflicts of interest that relate to the business and affairs of the College.

Declaration of Eligibility

I _____ hereby confirm that all information provided in support of my nomination is complete and accurate and is not misleading in any way.

- I am eligible to nominate as a candidate and I am entitled to vote in the election for this position.
- I have not been removed from a Committee by the College Board in the previous five (5) years.
- I am a financial member of the College.
- I understand, accept the Candidate Code of Conduct.
- I understand that my nomination as a candidate for election as member of a College Body may be revoked if I breach the Candidate Code of Conduct.
- I have declared all material personal interests or actual/potential conflicts of interest that relate to the business and affairs of the College which would be required to be notified under the Corporations Act or the Australian Charities and Not for Profit Commission Act should I be appointed as a Director
- I understand and accept that election results will be published on the College website and made available to all Fellows and trainees, including the number of votes received by each candidate.

Candidate's Signature:

Date:

Proposer Name and Signature
(Must be a Member of the College)

Seconder Name and Signature
(Must be a Member of the College)



RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

Name in full:

All former names in full:

Usual residence address:

Date of birth:

Place of birth (Place/State/Country):
