Expression of Interest Form   
Chair of the AMC Medical School Accreditation Committee and AMC Director (ex-officio)

# Please complete this form and return (Word format) to [Council@amc.org.au](mailto:Council@amc.org.au) by 5.00pm AEST Friday 1 July 2022

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| --- | --- |
| **Name** |  |
| Family Name: |  |
| Given Name/s: |  |
| Title: |  |
| **Personal Information** |  |
| I identify as: |  Aboriginal and/or   Torres Strait Islander and/or   Māori |
| Preferred Gender Pronoun |  |
| **Contact details for this application** |  |
| Preferred phone contact |  |
| Alternative phone contact |  |
| Email |  |
| **Qualifications** |  |
| *Please list qualifications and indicate any specifically relevant to the role* |  |
| **Current role and experience** |  |
| Current role/s |  |
| Summary of relevant experience |  |
| Declaration of interests relevant to AMC role e.g. faculty of AMC accredited medical school or its university; health profession registration; director, staff or committee member of relevant organisation |  |
| **Interest in the role** |  |
| Why do you wish to be considered for the position? |  |
| Please list any contributions to the AMC |  |
| **Selection criteria** |  |
| Knowledge of or experience in the areas of health, training and education |  |
| Understanding of the Australian and New Zealand health systems and the role of medical schools |  |
| Understanding of Indigenous health and cultural safety, particularly as they relate to Standards |  |
| Achievement in policy development in medical education and/or practice |  |
| Experience chairing committees |  |
| Leadership skills |  |
| Professional links in the medical profession and higher education and community standing |  |
| Eligible to be a Director of an Australian company |  |
| **CV** |  |
| Please include a PDF copy of your full CV with your submission |  CV Attached |