Chair, Specialist Education Accreditation Committee Expression of Interest Form

# Please complete this form and return (Word format) to [Council@amc.org.au](mailto:Council@amc.org.au) by close of business Wednesday 25 November 2020.

|  |  |
| --- | --- |
| **Name** | |
| Family Name: |  |
| Given Name/s: |  |
| Title: |  |
| **Personal information** | |
| **Gender** | **Identification as Aboriginal, Torres Strait Islander, Māori** |
| Male | Aboriginal |
| Female | Torres Strait Islander |
| Other | Māori |
| **Contact details for this application** | |
| Preferred phone contact: |  |
| Alternate phone: |  |
| Email: |  |
| **Qualifications** | |
| *List qualifications and please indicate any specifically relevant to the role.* |  |
| **Current role and experience** | |
| Current role |  |
| Summary of relevant experience |  |
| Declaration of interests relevant to the role e.g. fellow/trainee of AMC accredited college; health profession registrations; director, employee or committee member of a relevant organisation |  |
| **Interest in the role** | |
| Why do you wish to be considered for the position? |  |
| List your contributions to the AMC |  |
| **Selection criteria** | |
| Eligible to be a director of an Australian company |  |
| Professional links in the medical profession |  |
| Record of achievement in policy development in medical education and/or practice |  |
| Leadership skills |  |
| Experience chairing committees |  |
| **CV** | |
| Please include a PDF copy of your full CV with your submission |  |