Expression of Interest: Consumer Member

# Please complete this form and return (Word format) to [Council@amc.org.au](mailto:Council@amc.org.au) by COB Friday, 6 August 2021.

|  |  |
| --- | --- |
| **Name** |  |
| Family Name: |  |
| Given Name/s: |  |
| Title: |  |
| **Personal Information** |  |
| Gender: How to you identify? |  |
| Do you identify as Aboriginal and/or Torres Strait Islander and/or Māori? |  |
| **Contact details for this application** |  |
| Preferred phone contact |  |
| Alternative phone contact |  |
| 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 AMC role e.g. fellow/trainee of AMC accredited college; 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? |  |
| List your contributions to the AMC |  |
| **Selection criteria** |  |
| Active involvement in consumer health organisations |  |
| Relevant consumer representation experience |  |
| Leadership skills |  |
| Committee Experience |  |
| **CV** |  |
| Please include a PDF copy of your full CV with your submission |  CV Attached |