Expression of Interest Form   
Chair of the AMC Aboriginal, Torres Strait Islander and Māori 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 AEDT Friday 4 March 2022

|  |  |
| --- | --- |
| **Name** |  |
| Family Name: |  |
| Given Name/s: |  |
| Title: |  |
| **Personal Information** |  |
| I identify as: |  Aboriginal and/or   Torres Strait Islander and/or   Māori |
| **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. 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? |  |
| Please list any contributions to the AMC |  |
| **Selection criteria** |  |
| Knowledge of or experience in the areas of health, training and education that are regularly considered by the AMC and that relate to Indigenous health |  |
| Understanding of the Australian and New Zealand health systems |  |
| Community standing |  |
| Leadership skills |  |
| Committee experience |  |
| Eligible to be a Director of an Australian company |  |
| **CV** |  |
| Please include a PDF copy of your full CV with your submission |  CV Attached |