Expression of Interest Form:

Aboriginal or Torres Strait Islander Member

# Please complete this form and return (Word format) to

# Council@amc.org.au by close of business Friday 19 August 2022

|  |  |
| --- | --- |
| **Name** |  |
| Family Name: |  |
| Given Name/s: |  |
| Title: |  |
| **Personal Information** |  |
| Preferred Gender Pronoun |  |
| I identify as: |  Aboriginal and/or   Torres Strait Islander |
| **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 medical school or 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 your contributions to the AMC if any |  |
| **Selection criteria** |  |
| Experience in Aboriginal and/or Torres Strait Islander health issues |  |
| Knowledge of or experience in medical education and training or related fields |  |
| Committee experience |  |
| **CV** |  |
| Please include a PDF copy of your full CV with your submission |  CV Attached |