

## Expression of Interest Form: Community member of an MBA State or Territory Board

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Please complete this form and return (Word format) to

**Council@amc.org.au by close of business Friday 12 August 2022**

Name	
Family Name:	
Given Name/s:	
Title:	
Personal Information	
Preferred Gender Pronoun	
I identify as:	<input type="checkbox"/> Aboriginal and/or <input type="checkbox"/> Torres Strait Islander and/or <input type="checkbox"/> Māori
Contact details for this application	
Preferred phone contact	
Alternative phone contact	
Email	
Qualifications	
<i>List qualifications and please indicate any specifically relevant to the role</i>	
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 / background	

Knowledge of or experience in medical education and training or related fields	
Committee experience	
Understanding of Indigenous health and cultural safety, particularly in relation to the work of the AMC	
<b>CV</b>	
Please include a PDF copy of your full CV with your submission	<input type="checkbox"/> CV Attached