Expression of Interest Form   
Aboriginal and/or Torres Strait Islander Member with experience in Aboriginal or Torres Strait Islander health issues

# Please complete this form and return to [Council@amc.org.au](mailto:Council@amc.org.au) by 2 October 2023

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| --- | --- |
| **Name** |  |
| Family Name: |  |
| Given Name/s: |  |
| Title: |  |
| **Personal Information** |  |
| I identify as: |  Aboriginal and/or   Torres Strait Islander |
| Preferred Gender Pronoun |  |
| **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., faculty of AMC accredited medical school or its university; health profession registration; director, staff or committee member of relevant organisation |  |
| **Interest in the role** |  |
| What interests you about this position? |  |
| Have you or are you working with the AMC? Please list any contributions. |  |
| **Selection criteria** |  |
| Experience in Aboriginal and/or Torres Strait Islander health issues |  |
| Knowledge of and/or experience in medical education and training or related fields |  |
| Committee/representative experience |  |
| **CV** |  |
| Please include a PDF copy of your full CV with your submission |  CV Attached |