

**Expression of Interest Form:**

**Membership of the Cosmetic Surgery Accreditation Advisory Committee**

The Australian Medical Council (AMC) is an independent national standards body for medical education and training. Our purpose is to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community.

**Please complete this form and return to** **csaac@amc.org.au****.**

|  |
| --- |
| **Name** |
| Family Name |  |
| Given Name/s |  |
| Title |  |
| **Personal Information** |
| Preferred Gender Pronoun |  |
| I identify as | [ ]  | Aboriginal and/or |
| [ ]  | Torres Strait Islander and/or |
| [ ]  | Māori |
| **Contact details for this application** |
| Preferred phone contact |  |
| Alternative phone contact |  |
| Email |  |

|  |
| --- |
| **Position applying for** |
| *Please select* | [ ]  | Member who holds a senior position at a private health service in Australia |
| **Interest in the position(s) and relevant qualifications** |
| Why do you wish to be considered for the position? |  |
| Provide details of any experience and qualifications specifically relevant to the position |  |
| Please list your contributions to the AMC, if any |  |
| Declaration of interests relevant to AMC role e.g. fellow/trainee of an AMC-accredited medical school or college; health profession registration; director, staff or committee member of relevant organisation |  |
| **Selection criteria** |
| Please outline any relevant background and experience relating to the following: |
| * Knowledge of, or experience in, health, training or education
 |  |
| * An understanding of issues in regulation, and/or education/healthcare delivery, and/or policy development relating to medical education and practice
 |  |
| * Experience in applying standards, and quality assurance, or accreditation of programs or institutions
 |  |
| **CV** |
| Please include a PDF copy of your full CV with your application | [ ]  | CV Attached |