

Expression of Interest

Community Advisor on Committee of Paediatric Surgery

This form should be read in conjunction with the Position Description and Terms of Reference for the respective [Committee of Paediatric Surgery](#) available on the RACS website.

1. General information

- Submit Expressions of Interest (EOI) by email to the [Committee Secretariat](#).
- Applications are open to citizens and permanent residents residing in Australia and New Zealand.
- When appointing members to the Committee of Paediatric Surgery, consideration will be given to diversity of representation including cultural and gender diversity.
- Applicants must include a current Working with Children Check (WWCC).

2. Personal information *(*Required)*

Title Professor Associate Professor Doctor
 Mr Mrs Miss Ms
 Other:

First name*

Preferred name

Last name*

Date of birth

Gender *(optional)* Male Female Other

Indigenous identity *(optional)* Māori Aboriginal or Torres Strait Islander

First language other than English? *(optional)*

Address

Town/suburb

Region/Country Postal Code

Business phone

Mobile phone*

Email*

Preferred contact method Business phone Mobile phone Email

Current employment status Full-time employment Part-time employment Self-employed
 Other

Are you a board member or employee of a Surgical Society or similar organisation? Yes No

If yes, name of organisation/s

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3. Referees

Please provide two referees.

Referee 1:

Name
Relationship to applicant
Contact phone
Email

Referee 2:

Name
Relationship to applicant
Contact phone
Email

4. Relevant Experience

Please provide a copy of your curriculum vitae.

To assist in the expression of interest process please answer the following:

What attracted you to apply? *Please include information about your commitment and vision for the role of a community advisor in respect of medical education and training, assessment and patient safety. Demonstrate your ability to think strategically. Please list relevant work with charities, not-for-profit organisations and community associations.*

How you could contribute?

Please provide information about the potential contribution you could make (e.g. perspectives on medical workforce, social issues, training and assessment).

5.Consent and Declaration

All personal information will be collected as part of your expression of interest and will be dealt with in accordance with RACS [Privacy of Personal Information](#) policy. Please tick the box to indicate your consent to the following:

- I consent to RACS and the Committee of Paediatric Surgery using my name or the content of my expression of interest to the for the purpose of considering me for potential appointment.
- I consent to RACS and the Committee of Paediatric Surgery contacting my referee/s for the purpose considering my expression of interest for potential appointment.

If successful in my application for appointment:

- I consent to my name being published on the RACS and Australian and New Zealand Association of Paediatric Surgeons websites in the context of my role as Community Advisor.
- I consent to RACS sharing my name and contact details as provided to the Committee of Paediatric Surgery members in the context of my role as Community Advisor.
- I certify that all of the above information provided by me in this application form is true and correct.

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Signature

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Date