Expression of Interest

Community Advisor on Specialty Training Board/Committee.

This form should be read in conjunction with the Position Description and Terms of Reference for the respective Specialty Training Board/Committee available on the RACS website.

1. General information

- Expressions of Interest (EOI) may be submitted electronically by email to Chair.BSET@surgeons.org

- Applications are open to citizens and permanent residents residing in Australia and New Zealand.

- When appointing members to the Specialty Training Board, consideration is given to diversity of representation including cultural and gender diversity.

- Please note only one expression of interest is necessary, even if applying for more than one position.

- Expressions of Interest will be entered into the RACS Community Advisors register.

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
Citizenship*	☐ Australia ☐ New Zealand ☐ 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   ……………………………………………………………………………

……………………………………………………………………………

……………………………………………………………………………

I am applying for a Community Advisor position to
(select all that apply)

☐ Board of Surgical Education and Training

☐ Board of Cardiothoracic Surgery

☐ Australian Board in General Surgery

☐ Board of Neurosurgery

☐ Board of Urology

☐ Board of Vascular Surgery

☐ Other - I am willing to be considered for other community advisor roles that may be available or appropriate and agree to be contacted if another role is identified.

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 the Australian Privacy Act (2018) / New Zealand Privacy Act (2020). Please tick the box to indicate your consent to the following:

☐ I consent to RACS providing my name or content of my expression of interest to the relevant board, committee or panel for the purpose of considering my expression of interest for potential appointment.

☐ I consent to RACS 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 relevant Surgical Society websites in the context of my role as Community Advisor.

☐ I consent to RACS sharing my name and contact details as provided to other relevant boards or committee 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.

…………………………………………..   …………………………..

Signature   Date