

Expression of Interest Application
Chair, Surgical Science and Clinical Examinations Committee

This form should be read in conjunction with the Position Description and Surgical Science and Clinical Examinations Committee (SSE&CE) Terms of Reference available on the [RACS website](#).

Completed applications including any required supporting information should be emailed to:
Examinations@surgeons.org

1 Personal information (* required)

Title*	<input type="checkbox"/> Professor	<input type="checkbox"/> Associate Professor	<input type="checkbox"/> Dr
	<input type="checkbox"/> Other :	<input type="text"/>	
Surname*	<input type="text"/>		
First name*	<input type="text"/>		
Preferred name	<input type="text"/>		
RACS ID*	<input type="text"/>		
Date of Birth	<input type="text"/>		
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
Citizenship*	<input type="checkbox"/> Australia	<input type="checkbox"/> Aotearoa New Zealand	
Indigenous identity	<input type="checkbox"/> Māori	<input type="checkbox"/> Aboriginal or Torres Strait Islander	
Address*	Street	<input type="text"/>	
	Town	<input type="text"/>	State <input type="text"/>
	Country	<input type="text"/>	Code <input type="text"/>
	Mobile*	<input type="text"/>	
Email*	<input type="text"/>		

2 Supporting documents

Please list documentation attached in support of this application.

3 Referees

Please provide two referees.

Name	<input type="text"/>
Relationship to applicant	<input type="text"/>
Contact phone	<input type="text"/>
Email	<input type="text"/>
Name	<input type="text"/>
Relationship to applicant	<input type="text"/>
Contact phone	<input type="text"/>
Email	<input type="text"/>

4 Consent and declaration

Personal information will be collected as part of your expression of interest and will be dealt with in accordance with the RACS [Privacy of personal information](#) policy.

By signing this form, I am providing consent to RACS:

- a) to provide my name and/or the 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;
- b) to contact referee/s for the purpose considering my expression of interest for potential appointment.

If my application is successful:

- c) I consent to my name being published on the RACS website in the context of my appointed role.
- d) I consent to RACS sharing my name and contact details as provided to RACS board/committee members in the context of my appointed role.

Declaration

- e) I certify all information provided by me is true and correct.

Applicant
Signature

Date