

Application for Appointment to the Court of Examiners

This form should be read in conjunction with the *Appointments to the Court of Examiners* policy and the *Court of Examiners Terms of Reference* on the RACS website.

Completed applications including any required supporting information should be emailed to: Court.examiners@surgeons.org with subject "Application to Court of Examiners – [specialty]" by the published closing date.

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"/>	Year admitted to Fellowship:	<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"/>		
CPD Compliant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Supporting documentation

A curriculum vitae should be attached to your application, along with a letter addressing any selection criteria/guidelines outlined in the Appointment to the Court of Examiners policy not covered in your curriculum vitae.

Nomination / References

The application must include a nominator and seconder, who must be Fellows of the Royal Australasian College of Surgeons. Both nominator and seconder are required to assess the suitability of the candidate in accordance with the *Appointments to the Court of Examiners* policy. A referee's report may be requested.

Both Nominator and Seconder must sign the form before submitting an application.

Nominated by (name)		
Relationship to applicant		
Contact phone		
Email		
Signature		Date

Seconded by (name)		
Relationship to applicant		
Contact phone		
Email		
Signature		Date

Note: Both nominator and seconder must sign before submitting.

Consent and declaration

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

By signing this, 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 application for appointment;
- b) to contact the nominator and seconder for the purpose considering my application for 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	
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