



## Expression of Interest

**Committee:** \_\_\_\_\_

**Position:** ☐ Chair ☐ Member

**Name:** \_\_\_\_\_

**Member ID:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Contact phone:** \_\_\_\_\_

**Please outline your interest and fit for this position (300 words max.):**

**Please note any Conflicts of interest:**

**Please note any specific professional/clinical areas of interest:**

**I have enclosed/attached a copy of my curriculum vitae (expressions of interest without this form, a curriculum vitae or an EOI statement will not be considered)**

*We will handle your personal information for the purpose of assessing your application, which will be shared with the relevant RANZCR body. The contact details provided in this form may be shared with other members of the College where it is directly related to the functions of this position. Please ensure that you have provided contact details that are suitable for sharing with relevant College members. For more information on how RANZCR handles personal information, including your right to access, or seek correction of, the personal information we hold about you, or how to make a privacy complaint, please see our Privacy Policy.*