

EXPRESSION OF INTEREST



Personal information

Title			
First name			
Last name			
Mobile			
Email address			
Postal address			
Occupation			
Employer			
Business address			
Which GP network do you belong to?	Central Sydney GP Network <input type="checkbox"/> General Practice Eastern Sydney <input type="checkbox"/> GP Crew <input type="checkbox"/> St George Division of General Practice <input type="checkbox"/> Sutherland Division of General Practice <input type="checkbox"/>		
Do you identify as being any of the following? (optional)	<i>Aboriginal or Torres Strait Islander</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<i>Culturally and linguistically diverse background</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Interest and experience: Please keep your response to a maximum of two pages.

Please list the Committee you are interested in joining

Why does being on this Committee interest you?

Please describe your background, including qualifications and experience relevant to this Committee.

Outline some of the critical issues you think the Council/Committee should be addressing.

Please provide the name and contact details for a referee:

Please download and save the form to your desktop, then fill it out and email it back to Sue Moxon at <mailto:s.moxon@cesphn.com.au>

Thank you for your application