**Council Appointment – Expression of Interest Form**

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| **Council applying** | | | | | **Membership** | | |
| ☐ Chiropractic  ☐ Dental  ☐ Medical  ☐ Medical Radiation Practice  ☐ Nursing and Midwifery  ☐ Podiatry  ☐ Physiotherapy | | | | | ☐ Practitioner  ☐ Australian Lawyer  ☐ Community | | |
| **Title** | **First Name** | **Middle Name** | | | **Last Name** | | **Post-nominals** |
|  |  |  | | |  | |  |
| **Address** | | | | | **Gender** | | **Date of Birth** |
|  | | | | |  | |  |
| **Email Address** | | | **Telephone** | | | **Mobile** | |
|  | | |  | | |  | |
| **Qualifications and expertise** | | | | | | | |
|  | | | | | | | |
| **Do you identify as belonging to any of these groups?** | | | | |  | | |
| Aboriginal and Torres Strait Islander  Person from a non English speaking background  Person with a disability | | | | | ☐ No ☐ Yes  ☐ No ☐ Yes  ☐ No ☐ Yes | | |
| What is your ancestry? English, Italian, Chinese, etc | | | | |  | | |
| **Are you a:** | | | | |  | | |
| NSW Government employee?  If Yes, does your employer support your nomination? | | | | | ☐ No ☐ Yes –  ☐ No ☐ Yes | | |
| Member of NSW Government boards and committees? | | | | | ☐ No ☐ Yes – | | |
| **Please provide two referees including their name, position and contact details including email address** | | | | | | | |
| 1. | | | | 2. | | | |