**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 IslanderPerson from a non English speaking backgroundPerson 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. |