



Health Professional Councils Authority

HP19/160271

Legal Member – Expression of Interest Form

Title	First Name	Middle Name	Last Name

Address	Gender

Email Address	Telephone	Mobile

Qualifications and expertise

Do you identify as belonging to any of these groups?

Aboriginal and Torres Strait Islander	<input type="checkbox"/> No <input type="checkbox"/> Yes
Person from a non English speaking background	<input type="checkbox"/> No <input type="checkbox"/> Yes
Person with a disability	<input type="checkbox"/> No <input type="checkbox"/> Yes
What is your ancestry? English, Italian, Chinese, etc	

Are you a:

NSW Government employee? If Yes, does your employer support your nomination?	<input type="checkbox"/> No <input type="checkbox"/> Yes - <input type="checkbox"/> No <input type="checkbox"/> Yes
Member of NSW Government boards and committees?	<input type="checkbox"/> No <input type="checkbox"/> Yes -

Please provide two referees including their name, position and contact details including email address

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