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| **Expression of Interest – Prevocational Medical Accreditation Queensland Accreditation Committee** | |
| Applicant Name: | |
| AHPRA Registration: | |
| Specialist Medical College where Fellowship is held: | |
| Years Fellowship held: | |
| **In 150 words or less please describe your experience in the education and training of Junior Medical Officers:** | |
| **In 150 words or less please describe your previous experience in medical training accreditation and the context in which it operates:** | |
| **In 150 words or less please describe your previous experience on decision making committees:** | |
| **Accreditation Committee Members are required to attend approximately 6 meetings per year in person in Brisbane with up to an additional 6 meetings via teleconference do you agree to this requirement?** (please circle)  **Yes No**  **Comments:** | |
| **To ensure the Accreditation Committee is making informed decisions, members are required to complete up to 3 hours of pre-reading per meeting. Do you agree to this requirement?** (please circle)  **Yes No**  Comments: | |
| Do you agree to commit to the objectives of the Prevocational Medical Accreditation Queensland Accreditation Committee?  **Yes No**  Comments: | |
| **Referee 1:**  Name:  Email:  Phone:  Relationship to applicant: | **Referee 2:**  Name:  Email:  Phone:  Relationship to applicant: |
| Signature:  Date: | |