



Health Professional Councils Authority

HP18/13513

Council Appointment – Expression of Interest Form

Council applying

- Aboriginal and Torres Strait Islander Health Practice
- Dental
- Medical
- Nursing and Midwifery
- Podiatry

Membership

- 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	<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?	<input type="checkbox"/> No <input type="checkbox"/> Yes –
If Yes, does your employer support your nomination?	<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

1.	2.
----	----