# EOI - Clinicians Advisory Group

**Application form**

**Applicant details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name:** |  | | |
| **Address:** |  | | |
| **Telephone:** |  | **Email:** |  |

**Selection criteria**

Please provide responses demonstrating how you meet the following selection criteria. Limit each response to no more than 250 words.

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| **A GP practising in the Brisbane North PHN region, with a strong understanding of the needs and current priorities of the region.** |
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| **Demonstrated extensive networks across the region amongst your profession** |
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| **Ability to engage constructively and professionally in a committee environment** |
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| **Any other information you would like to share (e.g. special interest areas, skill sets, other participation roles you are currently involved in)** |
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**Desirable** – please tick if either applies:

* I am a GP practising in the northern end of the Brisbane North and Moreton Bay catchment
* I am a GP Registrar or a recently Fellowed GP (RACGP or ACCRM)

**References**

Provide details of two referees who can provide information on your skills and experience. At least one reference must be based in Brisbane North PHN region, in a health or community-based organisation.

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| **Referee #1** | | | |
| **Full name:** |  | | |
| **Nature of your relationship** |  | | |
| **Telephone:** |  | **Email:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Referee #2** | | | |
| **Full name:** |  | | |
| **Nature of your relationship** |  | | |
| **Telephone:** |  | **Email:** |  |