

Application for Membership of RACGP Expert Committee (REC)

2024-2027

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Section A: Applicant Details

Title	First name	Surname

Organisation name	RACGP member number

Organisation address	Postcode

Telephone	Mobile number	Email

Are you a current member of an RACGP Expert Committee?
If yes, which committee(s)?

☐ Yes

☐ No

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Section B: RACGP Expert Committee Membership Selection

Please indicate below the position you are nominating for:

☐

Chair

☐

Member

Please indicate below which **RACGP Expert Committee** you are applying for:
(please use a separate form for each committee, if applying for more than one)

☐

Funding and Health System Reform

☐

Research

☐

Practice Technology and Management

☐

Standards for General Practice

☐

Quality Care

Section C: Selection criteria

1. Please describe your strong community and professional networks and linkages across general practice that enables you to monitor trends and be able to make recommendations regarding suitable innovations into RACGP programs (300 words max).

2. Please describe how you ensure you are well informed regarding national and international developments in general practice and within the REC's area of responsibility (300 words max).

3. Please describe specific experience and expertise within different aspects of the REC's area of responsibility. If you don't have any current expertise, please describe your alignment to the relevant areas of special interest (300 words max).

4. Please outline demonstrated experience and expertise you will bring in contributing to the development of RACGP position statements, submissions, guidelines, resources, and other tools aimed at supporting the profession in your RECs area of expertise. If you don't have demonstrated experience, please describe alignment to areas of special interest or contributions to similar work (300 words max).

5. Please confirm your capacity to commit to the REC and its associated activities, including provision of advice and comment on consultation documents (for previous members of the Committee renominating, the selection process will consider attendance record at meetings and contribution to the work of the Committee) (300 words max).

6. If you have indicated that you would like to be considered for the role of Chair, please describe your:
- a. Experience as a committee Chair.
 - b. Experience in building collaboration within a multidisciplinary group.
 - c. Capacity to commit to the required duration and expected participation.
 - d. Experience and contribution to RACGP expert committees, working groups or as a representative of the RACGP to external organisations.
 - e. Experience in research and analysing international trends in general practice.

(600 words max)

7. Are you a current full financial member of the RACGP?

☐ Yes ☐ No

8. Are you on the ASIC register of banned and disqualified persons?

☐ Yes ☐ No

9. Do you have any restrictions, conditions, or addenda on your medical registration with the Australian Health Practitioner Regulation Agency (Ahpra)?

☐ Yes ☐ No

10. If you answered 'yes' to question 8 and/or 9, please provide more detail.

11. Please provide information regarding the diversity of career stage, clinical experience, skills, and contribution to the profession (300 words max).

12. Are you Aboriginal and/or Torres Strait Islander? (Applications are encouraged from individuals who identify as Aboriginal and/or Torres Strait Islander)

- ☐ Yes, Aboriginal
- ☐ Yes, Torres Strait Islander
- ☐ Yes, both Aboriginal and Torres Strait Islander
- ☐ No

13. Are you, or have you been:

<input type="checkbox"/>	Practice owner – length of time (years)	<input type="text"/>
<input type="checkbox"/>	Academic GP – length of time (years)	<input type="text"/>
<input type="checkbox"/>	Registrar/GP in Training – current year (GPT3 etc)	<input type="text"/>
<input type="checkbox"/>	Solo GP – length of time (years)	<input type="text"/>
<input type="checkbox"/>	GP Supervisor – length of time (years)	<input type="text"/>
<input type="checkbox"/>	Aboriginal and/or Torres Strait Islander experience – length of time (years)	<input type="text"/>
<input type="checkbox"/>	Training Provider experience – length of time (years)	<input type="text"/>

Please outline any other experience that you may have (300 words max).

Section D: Declaration

I certify that the information I have provided in and with this expression of interest is correct and complete.

Signature	Date

Please send this completed form with a current curriculum vitae to: standards@racgp.org.au