



ACIPC

Australasian College
for Infection Prevention and Control

EXPRESSION OF INTEREST Contributing to ACIPC

Please complete the following information and return to the ACIPC office with a short biography and/or resume. I acknowledge that there may not be any vacancies at present or that I am guaranteed any specific role.

Title: _____ Surname: _____ First Name: _____

Email: _____ Mobile: _____

Suburb: _____ State: _____

I am interested in contributing to ACIPC by being considered for the follow role/s:

- Committee Member in:
 - Credentialling & Professional Standards Committing (CAPS)
 - Conference Scientific Committee
 - Education & Professional Development Committee
 - Finance Governance & Risk Committee
 - Member Engagement Committee
 - Practice Guidance Committee
- Educational Events Jurisdictional Member
- Presenting at:
 - Member-only Webinars
 - Meet the Expert/networking events; or
 - Other educational workshops.

My areas of interest and/or expertise include:

Signature: _____

Date: _____