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| **Expressions of Interest form: PPSIG State Reps** | |
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| **Term:** | 2 Years |
| **EOI Due:** | **COB Day 10 October 2018** to [Melissa.wiggan@adea.com.au](mailto:Melissa.wiggan@adea.com.au) (Subject line: EOI\_PPSIG Facebook admin) |
| ***Criteria:*** | *The Private Practice Special Interest Group (PP SIG) needs state reps for NSW/ACT, SA and VIC.*  *You will receive 5 CPD points towards your credentialling.*  *If you have any questions regarding this position, please contact Melissa via email* [*melissa.wiggan@adea.com.au*](mailto:melissa.wiggan@adea.com.au) |
| **Statement of Qualifications/ Experience** |  |
| **Submission:** | I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *<full name>*  hereby submit an expressions of interest to <title>.  Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Membership* No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch:\_\_\_\_\_\_\_\_\_ |
|  | □ I have read and agree to abide by the ADEA [Constitution](http://www.adea.com.au/about-us/our-organisation/constitution/) and [ByLaws](http://www.adea.com.au/about-us/our-organisation/by-laws/).  □ I have read and agree to abide by the ADEA [Code of Conduct](http://www.adea.com.au/about-us/our-organisation/code-of-conduct/).  □ I have read and agree to abide by the guidelines of the ADEA Diabetes Research Foundation.  □ I have provided a statement of qualifications |