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| --- | --- |
|  | **DETAILS** |
| **Name** |  |
| **Current professional position** |  |
| **Primary affiliation** |  |
| **Secondary affiliation/s** |  |
| **Preferred email** |  |
| **Contact phone** |  |
| **Gender** | Male  Female  Non-binary/gender diverse  Self-described  Prefer not to say |
| **How do you identify? Tick all that apply (optional)** | Aboriginal  Torres Strait Islander  Both Aboriginal and Torres Strait Islander  Migrant or refugee background  Regionally based  Person with a Disability  LBGTIQ+  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **The VCCC Alliance is committed to supporting equity of access and experience. In order to better support Equity Advisory Group members, please indicate if you have any disabilities, chronic health conditions or injuries that has or is likely to last for six months or more?** | Yes  No  Prefer not to say  Further details (optional): |
| **Interest in nominating for Equity Advisory Group Co-Chair role** | Yes  No  Possibly |
| **Please include a short statement (max. 300 words) as to why you are interested in joining the Equity Advisory Committee:** | |
| **Please include a short statement (max. 300 words) describing which relevant skills you would bring to the Equity Advisory Committee:** | |

If you would like to discuss this expression of interest form, or you would like to receive these documents in a more accessible format, please contact the Health Equity Manager, Vijaya Joshi: <mailto:vijaya.joshi@unimelb.edu.au>.