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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 sayFurther 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.