

EXPRESSION OF INTEREST FORM

EXPRESSIONS OF INTEREST IN NOMINATING TO BECOME A MEMBER OF THE STEERING COMMITTEE FOR THE AUSTRALIAN & NEW ZEALAND - LUNG CANCER NURSES FORUM

PERSONAL INFORMATION

Name (Mr/Mrs/Miss/Ms): _____

Job Title/Position: _____

Institution: _____

Postal Address: _____

_____ Postcode: _____

Phone: () _____ Fax: () _____

Email: _____ Mobile: _____

AREA OF PROFESSIONAL EXPERTISE AND/OR EXPERIENCE

(Please tick appropriate boxes)

- | | |
|--|---|
| <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> Enrolled Nurse |
| <input type="checkbox"/> Lung Cancer Care Coordinator | <input type="checkbox"/> Lung Cancer Nurse Specialist |
| <input type="checkbox"/> Cancer Care Coordinator/Nurse | <input type="checkbox"/> Chemo/Oncology Nurse |
| <input type="checkbox"/> Radiation Nurse | <input type="checkbox"/> Research |
| <input type="checkbox"/> Support Group Facilitator | <input type="checkbox"/> Nurse Practitioner |
| <input type="checkbox"/> Other: _____ | |

ANZ-LCNF STEERING COMMITTEE POSITION OF INTEREST

(Please tick appropriate boxes)

- | | |
|---|---|
| <input type="checkbox"/> CHAIRPERSON | <input type="checkbox"/> DEPUTY CHAIRPERSON |
| <input type="checkbox"/> AUSTRALIAN STATE REPRESENTATIVE | |
| (please circle appropriate) QLD NSW VIC TAS SA WA NT ACT | |
| <input type="checkbox"/> NEW ZEALAND STATE REPRESENTATIVE | |
| <input type="checkbox"/> INDIGENOUS/REMOTE REPRESENTATIVE | |

Note: A Chairperson/deputy can fill two positions and may also be the State Representative

REASONS FOR REGISTERING EXPRESSION OF INTEREST

QUALIFICATIONS (Post-Secondary)

Title	Year of Completion	Institute

EMPLOYMENT/EXPERIENCE

Year	Position	Institute/Employer

APPLICATION ENDORSEMENT

1ST – Nurse Director

In signing here you are endorsing this applicant and recommending them for the position (as indicated) on the Steering Committee for the ANZ-LCNF.

Name & Position	Signature	Comments

2ND – Lead MDT Clinician or Other _____

In signing here you are endorsing this applicant and recommending them for the position (as indicated) on the Steering Committee for the ANZ-LCNF.

Name & Position	Signature	Comments

OTHER GENERAL INFORMATION

Please send this completed form, your Bio and any other associated documents to the Thoracic Cancer Coordinator, Lung Cancer National Program. Lung Foundation Australia

Post: PO Box 1949
Milton QLD 4064

Fax: 07 3368 3564

Email: ashleigh@lungfoundation.com.au

For any queries relating to the ANZ-LCNF contact Lung Foundation Australia on 1800 654 301.