



AGPN REPRESENTATION POOL FORM EXPRESSIONS OF INTEREST 2011

The Australian General Practice Network Representation Program is preparing a contact database for people interested in representing AGPN, on behalf of the divisions network, on various committees.

Should you be interested in offering yourself for selection to serve on a committee, please fill in your details below, along with your area/s of interest and previous involvement in the Australian General Practice Network.

This information is reserved for AGPN Representation purposes only and accessed by AGPN staff only. Any information requests from third parties will not be provided without express permission from you.

Name:		
Title:		
General Practice Network:		
Contact Details:	Phone:	
	Fax:	
	Email:	

Areas of Interest:

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Relevant Experience in Area of Interest:

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Relevant Qualification:

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Previous Involvement in Divisions:

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Would you please email this to reception@agpn.com.au
Or fax: 02 6228 0899
Thank you for completing this Expression of Interest