

Asthma Advisory Group Expression of Interest Form

I have an interest in asthma and allergy and would like the opportunity to advise the National Asthma Council Australia. I have reviewed the terms of reference and am interested in joining one of the Asthma Advisory Groups.

Contact details

Name		
Mailing address		
Telephone	BH: ()	Mobile:
Email		

Advisory group

GP Pharmacist Nurse

Position and location

(e.g. Practice Nurse at Smithville Clinic, Smithville – a rural general practice in SW Victoria)

Professional interests and experience including qualifications

Please indicate if you bring a perspective from any of the following areas (tick all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Urban community setting | Working with: |
| <input type="checkbox"/> Rural setting | <input type="checkbox"/> Aboriginal and/or Torres Strait Islander |
| <input type="checkbox"/> Remote setting | Australians |
| <input type="checkbox"/> Hospital setting | <input type="checkbox"/> culturally and linguistically diverse populations |
| <input type="checkbox"/> Academic | <input type="checkbox"/> high risk and/or underserved populations |

Referee details

Name:	Telephone:
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Please return this form to: Julia Ren-Daumas Manager, Strategic Communications and Engagement	Email: communications@nationalasthma.org.au Phone: 03 9929 4333 Fax: 03 9929 4300
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Office use only
