

## 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):

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|--|--|
| <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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<p><b>Please return this form to:</b></p> <p>Julia Ren-Daumas Communications Manager</p>	<p>Email: <a href="mailto:communications@nationalasthma.org.au">communications@nationalasthma.org.au</a></p> <p>Phone: 03 9929 4333</p> <p>Fax: 03 9929 4300</p>
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