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| --- | --- |
| **Surname** |  |
| **First name** |  |
| **Profession** |  |
| **Organisation/Clinic name** |  **Suburb:** |
| **Contact Number** |  |
| **Email** |  |
| **ABN number** |  |
| **Registered for GST?** | **Yes No**  |
| **Please attach your resume with this form**  |
|  |
| **What experience and expertise can you bring to the EMPHN Immunisation Advisor role?** |
|  |
| **Can you identify key strategies to improve Childhood immunisation rates?** |
|  |
| **Do you have any suggestions as to how EMPHN could improve our immunisation rates?** |
|  |
| **Please list any committees or groups you are a member of. Please include organisation name.** |
|  |
| **Please provide an example where you have engaged constructively in a committee environment.** |
|  |

**For further details, please contact Narelle Quinn, Manager Primary Education and Engagement, (03) 8822 8444. Application should be submitted with your resume by 24 February 2017 via email to: narelle.quinn@emphn.org.au**