**Applicant Contact Details**

|  |  |
| --- | --- |
| Name: |  |
| Role/Title: |  |
| Company: |  |
| Work phone number: |  |
| Mobile number: |  |
| Email address: |  |

**Which committee are you applying for?**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| [ ]  | Code Authority  | [ ]  | Code Monitoring  |
| [ ]  | MedTech Conference  | [ ]  | Women in MedTech  |
| [ ]  | Public Affairs  | [ ]  | Reimbursement  |
| [ ]  | Industry Policy  | [ ]  | Regulatory |

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**Please provide context on the value and experience you would bring to the MTAA committees:**

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**Applicant Agreement**

I agree to participate in committee meetings either in person or by teleconference. I undertake to ensure that I am fully prepared for each meeting by completing background reading and such other preparation as may be required. I also undertake to use my best endeavours to participate in additional committee activities which may be conducted outside the scheduled meetings.

|  |  |
| --- | --- |
| **Name:** |  |
| **Signature:** |  |
| **Date:** |  |

|  |  |
| --- | --- |
| [ ]  | I have completed module 2.1 Introduction to Code of Practice in the last 12 months |
| [ ]  | I agree to complete module 2.4 Complying with the Competition and Consumer Act before the first committee meeting |
| [ ]  | I have attached my abbreviated CV with relevant experience |

**Approval by Company Authorised Representative**

I endorse the application and support the employee to participate as a member of the selected committee.

|  |  |
| --- | --- |
| **Name:** |  |
| **Signature:** |  |
| **Date:** |  |

*Return completed form with CV to* reception@mtaa.org.au*.*