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| 1. **Applicant Contact Details** | |
| Name: |  |
| Role/Title: |  |
| Company: |  |
| Work phone number: |  |
| Mobile number: |  |
| Email address: |  |

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| 1. **Which committee are you applying for?** | |
| Public Affairs Committee | Women in MedTech Committee |
| Industry Policy Subcommittee | MedTech Conference Committee |
| Reimbursement Subcommittee | Code Authority Committee |
| Regulatory Subcommittee | Code Monitoring Subcommittee |

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| 1. **Please provide information on the value and experience you would bring to the Committee:** |
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| 1. **Applicant Agreement** | | |
| I agree to participate in committee meetings in person or via 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 | | |
| I agree to complete module 2.4 Complying with the Competition and Consumer Act before the first committee meeting | | |
| I have attached my abbreviated (max 2 page) CV with relevant experience | | |
| 1. **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* [pd@mtaa.org.au](mailto:pd@mtaa.org.au)*.*