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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**
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| 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**
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| 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*.*