Expression of Interest
ADVENTIST HEALTHCARE ACCREDITATION

**Please complete this EOI and return with a copy of your Curriculum Vitae to** **accreditation@sah.org.au** **or to the AHCL Accreditation Office, 185 Fox Valley Road Wahroonga 2076 | P (02) 9480 9203 F (02) 9480 9454**

**AHCL location at which accreditation is sought:**

* Sydney Adventist Hospital (SAH)
* San Day Surgery Hornsby (SDSH)

**Name:**

**AHPRA Registration:**

**Mobile Number:**

**Email address:**

**Specialty in which accreditation is sought:**

**Please provide an overview of how you envisage working at AHCL**

*(E.g., procedural lists or rosters that you would be involved with)*

**Please provide an overview of your professional practice**

*(eg location of consulting rooms; other hospital appointments)*

**Will you be working in a practice with other doctors at AHCL?** If so, please list.

**Please outline any unique skills or experience you have that would be of benefit to AHCL**

*(E.g., subspecialty expertise, new techniques, contribution to teaching, research, patient safety or quality programs)*

**Please provide the names of two appropriate referees who can be contacted for a verbal reference (professional reference relevant to your field of practice ie HOD/Supervisor of training).**

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**Name Phone:**

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**Name Phone:**