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| About this form  Returning this form | By submitting this form you will be placed on the HFESNZ ‘Expressions of Interest’ Register for further consideration for work in the listed HFE Workforce Development Project Workstreams.  Please return this form to: HFESNZ Administration [admin@HFESNZ.org.nz](mailto:admin@hfesnz.org.nz)  Note: you must fill in all sections of the form to be placed on the register. Please attach a separate page if you wish to provide additional details. |

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| Name: |  | Email address: |  |

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| Indicate the project/s you are interested in, and positions you wish to hold: | **Workstream 1**  Competence Framework Review | **Workstream 2**  HFE Education | **Workstream 3**  HFE Scholarships and Mentoring |
| Project Leader |  |  |  |
| Project Team Member |  |  |  |
| On Request Support |  |  |  |

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| List knowledge and skill set that you will bring. |  |

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| Please declare any potential conflict of interest. |  |

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| Please list any personal restrictions such as hours per week, travel. |  |

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| Are you willing to provide referee names on request? | Yes /No | You have attached your curriculum Vitae? | Yes /No |

Submitted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| HFESNZ Admin:  Date received: forwarded to:  Date reply sent:  Relevant details: |