

## EXPRESSION OF INTEREST

### Lecturer/Tutor Contact Information

<b>Date of Interest:</b>					
<b>Family/Surname</b>			<b>First Name:</b>		
<b>Title</b>			<b>Male</b> <input type="checkbox"/>	<b>Female</b> <input type="checkbox"/>	
<b>Postal Address</b>					
<b>Telephone/Mobile #</b>					
<b>Email Address</b>					
<b>Current Department</b>					
<b>Signature:</b>			<b>Date:</b>		
<b>TEACHING SKILLS (please tick ✓)</b>			<b>Days available (please tick ✓)</b>		
<i>Assessor – MD Project</i>	<input type="checkbox"/>	SCORPIO	<input type="checkbox"/>	<i>Monday</i>	<input type="checkbox"/>
<i>Assessor -PEARLs</i>	<input type="checkbox"/>	<i>Tutorials – Med Bedside</i>	<input type="checkbox"/>	<i>Tuesday</i>	<input type="checkbox"/>
<i>Assessor – PPD Stage 2</i>	<input type="checkbox"/>	<i>Tutorials – Surg Bedside</i>	<input type="checkbox"/>	<i>Wednesday</i>	<input type="checkbox"/>
<i>Assessor PPD3</i>	<input type="checkbox"/>	<i>Tutorials – Communication</i>	<input type="checkbox"/>	<i>Thursday</i>	<input type="checkbox"/>
<i>CRS</i>	<input type="checkbox"/>	<i>Tutorials – EBM</i>	<input type="checkbox"/>	<i>Friday</i>	<input type="checkbox"/>
<i>HDR Supervisor</i>	<input type="checkbox"/>	<i>Tutorials – Physical Examination</i>	<input type="checkbox"/>	<b>SPECIALITY AREA</b>	
<i>Integrated PopMed</i>	<input type="checkbox"/>	<i>Tutorials – PPD</i>	<input type="checkbox"/>		
<i>Lecturers</i>	<input type="checkbox"/>	<i>Tutorial - Procedural</i>	<input type="checkbox"/>		
<i>Long Case - Formative</i>	<input type="checkbox"/>		<input type="checkbox"/>		
<i>Long Case - Summative</i>	<input type="checkbox"/>	Please indicate if you would be interested in WCS developed short teaching support sessions?  YES                      NO	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Master Class</i>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<i>MD - Project Supervisor</i>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<i>MSOCE</i>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<i>OSCE - Formative</i>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<i>OSCE - Summative</i>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<i>PRINT - Supervisor</i>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

**Please email completed form to:-**

Westmead Clinical School

Tel: +61 2 8890 8938 Email: westmead.medicine@sydney.edu.au

We are happy to provide letters recognising your teaching contribution which can be included with your CV