**Early Career Optometrists Victoria South Australia**

**Expression of interest to join the committee**

1. **Personal details**
	1. Name:
	2. Home address:

……………………………………………………………………………………………………………………………………………..

* 1. Practice name and address:

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* 1. Mobile phone number:
	2. Email address:
	3. Year of graduation from an optometry degree: …………………………………………………………………….
	4. University of graduation from an optometry degree:……………………………………………………………..
1. **Selection criteria**
	1. Are you a member of Optometry Australia? **○ Yes ○No**
	2. Will you be available to participate in regular ECOV/SA meetings **during business hours** and after hours, and relevant ECOV/SA and OV/SA events and engagements during business hours and evenings?

 **○ Yes ○No**

* 1. Please describe how you stay up-to-date on the wide range of experiences of early career optometrists (eg networks or groups you may be involved with). Please limit your response to 200 words or less.
	2. Please describe any committees or formal groups you have previously or are currently involved with, and your role within those. Please limit your response to 200 words or less.
	3. Please briefly outline your vision for ECOV/SA. What do you believe the committee could be doing to support and engage early career optometrists? Please limit your response to 200 words or less.
	4. Please describe why you would like to join the ECOV/SA committee? Please limit your response to 200 words or less.
	5. Is there anything else you would like to say in support of your application? Please limit your response to 200 words or less.

**The expression of interest form must be received by OV/SA by 9am Friday 1 March. Please email the form to:** **l.hsieh@optometry.org.au** **. An interview process may follow on from this initial expression of interest.**