# Australian Medical Research Advisory Board nomination form

To express your interest, complete the nomination form below.

Email the completed nomination form, completed curriculum vitae document and completed Declaration of Private Interest form to amrabsecretariat@health.gov.au by 5pm **(AEDT) on 11 May 2025.**

To find out more, please feel free to email the team at amrabsecretariat@health.gov.au

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| --- |
| Personal details |
| **Title** |  |
| **First name/s** |  |
| **Surname** |  |
| **Name Suffix** |  |
| **Pronouns** |  |
| **Preferred name** |  |
| Contact details |
| **Email address** |  |
| **Office Phone** |  |
| **Mobile Phone** |  |
| **Executive assistant/Executive officer’s full name and email address if applicable** |  |
| Nomination detailsTick both check boxes if applicable |
| **AMRAB Chair role** (Under the MRFF Act, the Chair is also an AMRAB member) | [ ]  |
| **I am willing to be considered for future opportunities on AMRAB, should vacancies arise** | [ ]  |
| Skills, knowledge and experience |
| **Which skills, knowledge and experience do you bring to AMRAB?****Check all that apply** | [ ]  **medical research**[ ]  **policy relating to health systems**[ ]  **management or delivery of health services**[ ]  **medical innovation**  | [ ]  **financing and investment**[ ]  **commercialisation**[ ]  **philanthrophy**[ ]  **consumer issues relating to health** |
| **List/describe any additional areas not included above**  |  |
| **Please provide a 500-word statement below that outlines how you think your skills, experience and expertise will contribute to the strategic work of the AMRAB including your understanding and interaction with the Australian Medical Research and Innovation Strategy 2021-2026 and the Australian Medical Research and Innovation Priorities 2024-2026.** |
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