

Expression of Interest Form for Pharmacy Services Expert Advisory Group provider representative

Please email the completed form and your CV to PharmacyExpertAdvisoryGroup@tas.health.nz by 5.00 p.m. 22 March 2019.

1. Personal information	
First name(s)	Preferred name:
Last name	
Contact details	Contact phone:
	Email Address:
Address	
2. Organisation information	
Please provide details of: <ul style="list-style-type: none"> any relevant companies or other entities for which you work; and any relevant organisations or associations of which you are a member 	
3. Skills, knowledge, and experience (please provide information separately if not sufficient space)	
Why are you interested in joining the Pharmacy Services Expert Advisory Group?	

<p>What relevant skills and experience do you have (include current and past roles and activities)?</p>	
<p>Please provide an overview of your knowledge about the health sector, pharmacy and pharmacist services, and service design.</p>	

Please provide any other information or comments to support your expression of interest.