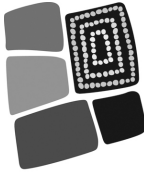


**Expression of Interest -
Director**



the
Lowitja
INSTITUTE

Australia's National Institute
for Aboriginal and Torres Strait
Islander Health Research

*Incorporating the Cooperative Research Centre
for Aboriginal and Torres Strait Islander Health*

1. Surname _____ Given Names _____ Title _____

2. Residential Address _____

3. Postal Address _____

4. Telephone _____ Mobile _____

5. Email _____

6. Are you of Aboriginal or Torres Strait Islander descent?
If you are of both Aboriginal and Torres Strait Islander descent, please tick both 'yes' boxes.

- No
- Yes – Aboriginal
- Yes – Torres Strait Islander

7. Please outline the area of expertise under which you are applying (Refer to the Selection Criteria).

8. Have you attached your Curriculum Vitae (Providing details of positions held to date that are relevant to the selection criteria)?

- Yes
- No

Signed _____

Date _____