

EXPRESSION OF INTEREST – Education Advisory Group

We are excited to be advertising for a new member to join our group. Do you have a passion to provide current expert advice on wound-related education and facilitate education-related projects of NZWCS members and stakeholders? Would you like to be involved in a supportive working group, learn, and contribute to wound education for its members?

If yes, we would love to hear from you!

ROLE DESCRIPTION and COMMITMENT:

- Attend EAG **EVENING ZOOM** meetings (approximately 9 per year of 1-hour duration).
- Identify current issues and initiatives in wound care management and education.
- Provide oversight of NZWCS scholarships, and contribute to the editing of NZWCS Tissue Issue.
- Work collaboratively to provide recommendations to the National Committee.

ATTRIBUTES:

- Be a current full independent member or a corporate member of the NZWCS (not a commercial member).
- Be a Registered Nurse or Podiatrist, or practice in another Allied Health or Health Care role working in the areas of Aged Care, Rehabilitation, Hospital or Community practice (all submissions will be considered).
- Hold an interest in or have experience in wound care educational programmes or educational communication media.
- Utilise your experience and knowledge to actively contribute to team discussions and projects.

Please send the following:

1. Completed the EOI form from <https://nzwcs.org.nz/about/education-advisory-group> *please ensure any relevant conflicts of interest are declared in your application and how you might manage these.
2. Covering letter explaining why you are applying for this role
3. Short resume/CV (outlining any relevant education or experience).

Expressions of Interest should be addressed to: Lee-Anne Stone, NZWCS Administrator administrator@nzwcs.org.nz If you would like to discuss the role with any of the current EAG members, please contact our Administrator so she can arrange for a member to contact you personally.

Apply now!

Yours truly,

Rebecca Aburn – President NZWCS

For EAG member Bios go to <https://nzwcs.org.nz/who-we-are/education-advisory-group/185-eag-members>

EXPRESSION OF INTEREST

Education Advisory Group Nomination Form

Name:

Membership type: Full Member / Corporate Member

Preferred Address:

Post Code:

Email:

Phone Number:

Mobile:

Professional Qualifications:

Place of Employment:

Current Position:

- Further information required:

- Please list any potential or competing conflicts of interest to this role. If there are any, please explain how you might manage these.
- Tell us why you would like to apply for this role (max 250 words):
- Attach a brief resume/CV