

# Expression of Interest – Trauma-Informed Teacher Training (Faculty)

**Name:**

[\_\_\_\_\_]

**Professional Title:**

[\_\_\_\_\_]

**Qualifications (e.g., Psychologist, Psychiatrist, Social Worker, Counsellor):**

[\_\_\_\_\_]

**Current Practice / Clinic / Institution:**

[\_\_\_\_\_]

**Email:**

[\_\_\_\_\_]

**Phone:**

[\_\_\_\_\_]

**Areas of Specialty (clinical focus, research interests, modalities):**

[\_\_\_\_\_]

**Brief Statement – Why you're interested in contributing to the program:**

[\_\_\_\_\_]

**What you'd like to offer:**

- ☐ Teaching
- ☐ Clinical Supervision
- ☐ Guest Lecture
- ☐ Case Consultation
- ☐ Other: [\_\_\_\_\_]

**Availability (term, days, online/in-person):**

[\_\_\_\_\_]

**Links (website, publications, professional profile):**

[\_\_\_\_\_]

**Upload CV (or paste link):**

[\_\_\_\_\_]

**AHPRA / Professional Registration Number:**

[\_\_\_\_\_]

**Any current limitations, conditions, or relevant disclosures:**

[\_\_\_\_\_]

**Signature (typed):**

[\_\_\_\_\_]

**Date:** [\_\_\_\_\_]