



ANZCA
FPM

**AUSTRALIAN AND NEW ZEALAND
COLLEGE OF ANAESTHETISTS
& FACULTY OF PAIN MEDICINE**

Trauma Informed Care working group

EXPRESSION OF INTEREST

Name:

College ID:

Email:

Place of work:

Please outline your interest and any relevant experience you may have in trauma informed care.

Briefly detail any research or publications you have authored on this topic, or any involvement in other related working groups or educational activities.

Please submit this form to membership@anzca.edu.au by 26 July 2024.