

# Adventist Health Care Limited (AHCL)

## EXPRESSION OF INTEREST – ACCREDITATION



Please complete this Expression of Interest and return with a copy of your Curriculum Vitae.

AHCL location at which accreditation is sought:

Sydney Adventist Hospital (SAH)  
San Day Surgery Hornsby (SDSH)

Name:

AHPRA Registration:

Mobile Number:

Email address:

Specialty in which accreditation is sought:

Please provide an overview of how you envisage working at AHCL eg procedural lists or rosters that you would be involved with.

Please provide an overview of your professional practice eg location of consulting rooms; other hospital appointments.

Will you be working in a practice with other doctors at AHCL? If so, please list.

Please outline any unique skills or experience you have that would be of benefit to AHCL eg subspecialty expertise, new techniques, contribution to teaching, research, patient safety or quality programs.

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Please complete and return with a copy of your **Curriculum Vitae** to:

AHCL Accreditation Office  
Sydney Adventist Hospital | 185 Fox Valley Road Wahroonga 2076  
P (02) 9487 9203 | F (02) 9487 9454 | E [accreditation@sah.org.au](mailto:accreditation@sah.org.au)

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