**Pro Forma Curriculum Vitae**

***Personal DetailS:***

|  |  |  |
| --- | --- | --- |
| Family Name (Surname) |  | |
| Given Names |  | |
| Date of Birth |  | |
| Gender | Male / Female | |
| Current Work Address |  | |
| Phone | (H) | (M) |
|  | (W) | (Fax) |
| Current Home Address |  | |
| Phone | (I) | (M) |
|  | (W) | (Fax) |
| Contact email address |  | |
| Work email address (if different) |  | |
| Residency Status |  | |
| Citizenship |  | |

***Qualifications:***

**Primary Medical Qualification (MBBS or equivalent):**

|  |  |
| --- | --- |
| Qualification title: |  |
| Year Qualified: |  |
| Year Awarded (If different to year qualified for degree): |  |
| Country of Training: |  |
| Medical School: |  |
| Controlling University: |  |
| Was a period of internship included in qualification? YES / NO  If yes, what dates? (include month/year) From     To | |

**Other/ Specialist Qualification (Principal/Highest):**

|  |  |
| --- | --- |
| Qualification title: |  |
| Year Qualified: |  |
| Year Awarded (If different to year qualified for degree): |  |
| Country of Training: |  |
| Institution Awarding qualification: |  |
| Duration of training – Years: (please select) | 2 3  4 5  >5 (specify) |

**Additional Non- Medical Qualifications:**

|  |  |
| --- | --- |
| Qualification title: |  |
| Year Qualified: |  |
| Year Awarded: |  |
| Country of Training: |  |
| Institution Awarding qualification: |  |

**Current & All Previous Medical Licensing Authorities:   
(including AMC certificates and examinations)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| Type of registration (indicate if licensed to practice as specialist or not) | Date (from/to) | Registering authority | Any restrictions/conditions or undertakings? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Memberships of Professional Organisations:**

|  |  |
| --- | --- |
| Please include memberships of all relevant organisations | |
| Date From/To | Organisation |
|  |  |
|  |  |
|  |  |

***TRAINING/CONTINUOUS PROFESSIONAL DEVELOPMENT:***

**Certificates & Courses:**

|  |  |
| --- | --- |
| Please list all relevant courses attended and certificates gained  Please attach CPD statement if available | |
| Date | Course/Certificate |
|  |  |
|  |  |
|  |  |

**Specialist Examinations:**

|  |  |  |  |
| --- | --- | --- | --- |
| Please include details of examinations taken (MCQ, Viva Voce, Clinical)  Please attach evidence | | | |
| Dates | Institution | Specialty/  Sub-Specialty | Components of Examination |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Clinical/Procedural Skills:**

|  |  |
| --- | --- |
| Competent | Observed |
|  |  |
|  |  |
|  |  |

***EXPERIENCE IN TEACHING, RESEARCH and PROFESSIONAL ACTIVITES:***

**Teaching Experience:**

|  |  |
| --- | --- |
| Please list all experience you have gained in delivering medical education (including the dates and institutions). Include formal appointments of academic institutions. | |
| Dates | Institution |
|  |  |
|  |  |

**Audit Participation Reports and Research Experience:**

|  |  |
| --- | --- |
| summarise | |
|  |  |
|  |  |
|  |  |

**Published Research Papers:**

|  |  |
| --- | --- |
| List papers and publications | |
|  |  |
|  |  |
|  |  |

**Detailed Employment History:**

|  |  |
| --- | --- |
| Please list all employment in chronological order starting with your current/most recent position, include those positions held during your medical training (including your internship) and any other employment prior to specialist training.  Please ensure that you list the dates you commenced and ceased employment in each position (in month and year format MM/YYY). Also provide an explanation for any gaps that appear in your employment history. Highlight any positions held concurrently.  Provide full locations of all positions (street, suburb, city/town, state, country) and brief description of day to day duties.  Clearly identify your intern year (postgraduate year 1) and disciplines.  **Copy table as required** | |
| **EMPLOYMENT** (as a registered medical practitioner | exclude observership) | |
| Start/end dates |  |
| Concurrent Position | Yes │ No |
| Institution/Hospital/Clinic |  |
| Position title |  |
| Hours Per week |  |
| Location (include Country) |  |
| Registering Authority |  |
| Duties/ Disciplines Covered |  |
| Accumulated time in this position | Years Months |
|  | |
| Start/end dates |  |
| Concurrent Position | Yes │ No |
| Institution/Hospital/Clinic |  |
| Hours Per week |  |
| Position title |  |
| Location |  |
| Registering Authority |  |
| Duties/ Disciplines Covered |  |
| Accumulated time in this position | Years Months |
| Start/end dates |  |
| Concurrent Position | Yes │ No |
| Institution/Hospital/Clinic |  |
| Position title |  |
| Hours Per week |  |
| Location |  |
| Registering Authority |  |
| Duties/ disciplines Covered |  |
| Accumulated time in this position | Years Months |

**Referees:**(Employment / observership / clinical assistant roles / clinical attachments while as a non-registered practitioner)

|  |  |  |  |
| --- | --- | --- | --- |
| Please list the name, title and contact details of three referees. | | | |
|  | Referee 1 | Referee 2 | Referee 3 |
| Name: |  |  |  |
| Position: |  |  |  |
| Address: |  |  |  |
| Phone Number: |  |  |  |
| Email Address: |  |  |  |
| Specify year of most recent contact with Referee: |  |  |  |

**Other Activities:**

|  |
| --- |
| Please include details of any other important activities: (you should include details of other relevant professional activities or achievements (eg officer bearer in a professional organisation, course instructor or examiner appointment) |
|  |

**Continuing Professional Development activities:**

|  |
| --- |
| Please include details of any continuing professional development activities you have undertaken in the previous three years: (if you do not have a CPD statement) |
|  |

**Verification Statement**

I verify that the information contained within this Curriculum Vitae is true and correct as at      (insert date)

Name:      Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_