**Curriculum Vitae template**

# Personal Information

|  |  |
| --- | --- |
| Name |  |
| Mailing address |  |
| Telephone number |  |
| Email contact |  |

**Qualifications Obtained and Currently Enrolled (Primary and Postgraduate)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualification** | **Name of University / College** | **Duration, part/full-time** | **Year obtained** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| *add rows as needed* |  |  |  |

# Current and All Previous Medical Licensing Authorities

|  |  |  |
| --- | --- | --- |
| **Licensing Authority** | **Country of Registration** | **Registration Number** |
|  |  |  |
|  |  |  |
| *add rows as needed* |  |  |

**Detailed Practicing History**

N.B. You must provide a **continuous** practicing history, including internship. All gaps in clinical practice must be explained (e.g. periods of travel/study)

## Current

|  |  |
| --- | --- |
| Dates |  |
| Position Title |  |
| Responsibilities | *(including whether position full/part time capacity; if part time state hours of work per week)* |
| Facility | *(Include name, address and contact details) (Include specific Department, if relevant)* |
| City/State |  |
| Country |  |

**Previous**

Copy table as required.

|  |  |
| --- | --- |
| Dates |  |
| Position Title |  |
| Responsibilities | *(including whether position full/part time capacity; if part time state hours of work per week)* |
| Facility | *(Include name, address and contact details) (Include specific Department, if relevant)* |
| City/State |  |
| Country |  |

# Presentations (Educational and Research)

# Please provide date, venue and audience for each

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title** | **Date** | **Type (oral/poster)** | **Audience** | **Meeting (eg: RMO teaching)** |
|  |  |  |  |  |
|  |  |  |  |  |
| *add rows as needed* |  |  |  |  |

**Publications**

Do not include abstracts from presentations here

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **Authorship position (x/n)** | **Journal reference** | **PMID****citation** |
|  |  |  |  |
|  |  |  |  |
| *add rows as needed* |  |  |  |

**Quality Improvement (QI) Activities**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title**  | **Date** | **Detail your involvement**  | **Implementation of QI outcome** |
|  |  |  |  |
|  |  |  |  |
| *add rows as needed* |  |  |  |

# Teaching and Supervision

|  |
| --- |
| **Describe any additional training you have received including qualifications, duration and titles held (provide certificates if applicable)** |
|  |
| **Teaching experience/type** | **Date** |  **Detail your involvement** |
|  |  |  |
| *add rows as needed* |  |  |

**Professional Development Activities**

|  |  |  |
| --- | --- | --- |
| **Activities and courses** | **Dates** | **Completed/ongoing/date expected to complete** |
|  |  |  |
|  |  |  |
|  |  |  |
| *add rows as needed* |  |  |

**Other (leadership activities, voluntary service, any other relevant activities)**

|  |  |  |
| --- | --- | --- |
| **Type** | **Date** | **How did that influence you** |
|  |  |  |
| *add rows as needed* |  |  |

**Prizes and Awards**

|  |  |  |
| --- | --- | --- |
| **Name** | **Awarding institution** | **Year obtained** |
|  |  |  |
|  |  |  |
|  |  |  |
| *add rows as needed* |  |  |

**References**

Please list the names and contact details of 2 referees

|  |  |  |
| --- | --- | --- |
| **Detail** | **Referee 1** **(current supervisor)** | **Referee 2** **(recent paediatric supervisor)** |
| Name: |  |  |
| Position: |  |  |
| Address: |  |  |
| Phone Number: |  |  |
| Email: |  |  |

# Verification Statement

I verify that the information contained within this Curriculum Vitae is true and correct as at <insert date>.

Name: Signed: