Curriculum Vitae

## Personal information

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Telephone**  |  |
| **Email**  |  |

## Medical licensing authorities

|  |  |  |
| --- | --- | --- |
| **Licensing authority** | **Country of registration** | **Registration number** |
|  |  |  |
|  |  |  |
|  |  |  |

## Qualifications

|  |  |  |
| --- | --- | --- |
| **Qualification** | **Name of University / College (& country if outside Australia)** | **Year obtained** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| *add rows as needed* |  |  |

## Prizes and awards

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

## Practicing history

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, Department** |  |
| **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, Department** |  |
| **City/State** |  |
| **Country** |  |

## Presentations (educational and research)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title** | **Date** | **Type (oral/poster)** | **Audience** | **Meeting (e.g. RMO teaching)** |
|  |  |  |  |  |
|  |  |  |  |  |
| *add rows as needed* |  |  |  |  |

## Research and publications

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

## Teaching and supervision

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

## Audits and quality improvement activities

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

## Professional development activities

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

## Interests / extra-curricular activities

|  |  |  |
| --- | --- | --- |
| **Type** | **Organisation** | **Current / ongoing / past activity** |
|  |  |  |
|  |  |  |
|  |  |  |
| *add rows as needed* |  |  |

## Committee involvement and leadership activities

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Role**  | **Organisation** | **Current / ongoing / past activity** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| *add rows as needed* |  |  |  |

## Other achievements

|  |  |  |
| --- | --- | --- |
| **Type** | **Date** |  |
|  |  |  |
| *add rows as needed* |  |  |

## References

Please list the names and contact details of two referees, one being your current immediate supervisor and one a clinical supervisor—preferably a General Physician—from your last 12 months’ employment.

|  |  |  |
| --- | --- | --- |
| **Detail** | **Referee 1 (current immediate supervisor)** | **Referee 2** |
| **Name** |  |  |
| **Position** |  |  |
| **Hospital** |  |  |
| **Phone number** |  |  |
| **Email**  |  |  |

## Verification statement

I verify that the information contained within this Curriculum Vitae is true and correct:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_