

## Section A: Personal details

Title	First name	Surname		
Date of birth	Country of birth		Gender	
			Male	Female
Current work address				
State	Country		Postcode	
Phone (L)		Phone (W)		
Mobile		Fax		
Current home address				
State	Country		Postcode	
Phone (L)		Phone (W)		
Mobile		Fax		
Email		Work email (if different)		

### Consent

Do you consent to the RACGP contacting any institutions or contacts named in your application?

Yes No

## Section B: Qualification

### Primary medical qualification (MBBS or equivalent)

Qualification title				
Country of training	Year qualified	Year awarded		
				<i>(if different to year qualified for degree)</i>
Medical school		Controlling university		
Was a period of internship included in qualification?	Yes	No		
If yes, what dates? (include month/year)	From	To		
If no, please fill out the section below				

**Intern training qualifications**

Institution

From (date)

To (date)

Year qualified

Rotations covered

**Specialist / principal / highest qualification (if applicable - mandatory for SPP applicants)**

Qualification title

Country of training

Year qualified

Year awarded

*(if different to year  
qualified for degree)*

Institution awarding qualification

Duration of training – Years *(please select)*

2

3

4

5

&gt;5

*(specify)***Secondary / supporting specialist medical qualification (if applicable)**

Qualification title

Country of training

Year qualified

Year awarded

*(if different to year  
qualified for degree)*

Institution awarding qualification

Duration of training – Years *(please select)*

2

3

4

5

&gt;5

*(specify)***Additional qualifications (if applicable)**

Qualification title

Country of training

Year qualified

Year awarded

*(if different to year  
qualified for degree)*

Institution awarding qualification

**Current medical licensing authorities**Type of registration *(indicate if licensed to practice as specialist or not.**If licensed to practice as a specialist, provide the field of specialty.)* Registration number

From (date)

To (date)

Registering authority

Any restrictions/conditions or undertakings?

Application approved

Application in progress

**Other medical licensing authorities** *(Concurrent or Past registrations)*

Type of registration <i>(including field of specialist licensing, if any)</i>	Registration number
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From (date)	To (date)	Registering authority
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Any restrictions/conditions or undertakings?

Type of registration <i>(including field of specialist licensing, if any)</i>	Registration number
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From (date)	To (date)	Registering authority
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Any restrictions/conditions or undertakings?

**Memberships of professional organisations****Please include memberships of all relevant organisations**

From (date)	To (date)	Organisation
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**Section C: Training****Certificates and courses****Please list all relevant courses attended and certificates gained**

Date	Course/Certificate
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**Qualifying examinations (Primary medical degree)**

Date	Institution
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Qualification	Components of examination
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Date	Institution
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Qualification	Components of examination
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 **Please attach a copy of your academic transcript**

**Specialist examinations** (if applicable)

Please include details of examinations taken (MCQ, Viva, Clinical)

Date Institution

Specialty/sub-specialty Components of examination

Date Institution


Specialty/sub-specialty Components of examination

Date Institution

Specialty/sub-specialty Components of examination

Date Institution

Specialty/sub-specialty Components of examination

 *Please attach a copy of your academic transcript***Specialist training posts** (if applicable - mandatory for SPP applications)

Date Institution Position held

**Clinical/procedural skills**

Competent Observed

## Section D: Experience in teaching, research and professional activities

### Teaching experience

Please list all experience you have gained in delivering medical education (including the dates and institutions). Include formal appointments by academic institutions.

Date	Institution
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### Audit participation reports and research experience

Summary

### Published research papers

List papers and publications

## Section E: Employment

### 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/YYYY). Also provide an explanation for any gaps that appear in your employment history which are greater than 3 calendar months.

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 other years between obtaining medical degree and commencing specialist training.

For specialists, employment history should be completed in two sections to indicate employment during specialist training and employment in specialist practice (after award of principal specialist qualification)

Start (date)	End (date)	Position title		
Location (inc. country)		Registering authority		
Duties			Full time	Part time
<i>(average hours per week)</i>				

Start (date)	End (date)	Position title		
Location (inc country)		Registering authority		
Duties			Full time	Part time
<i>(average hours per week)</i>				

Start (date)	End (date)	Position title		
Location (inc country)		Registering authority		
Duties			Full time	Part time
<i>(average hours per week)</i>				









### **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:

### **Verification statement**

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

*(insert date)*

Name

Signed