

Pre-employment Structured Clinical Interview (PESCI) Pro forma curriculum vitae

Section A: Personal details

Title First name Surname

Preferred name Date of birth Contact number

Current address

Consent

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

Yes No

Section B: Qualifications

Primary medical qualification (MBBS or equivalent)

Qualification name

Country of training Year of graduation

Medical school Controlling university

Internship

Institution

From (dd/mm/yy) To (dd/mm/yy) Year qualified

List of internship rotations covered

Secondary specialist medical qualification (if applicable)

Qualification name		
Country of training	Year of graduation	
Medical school	Controlling university	

Additional qualification (if applicable)

Qualification name		
Country of training	Year awarded	
Medical school	Controlling university	

Section C: Training

Bridging program/qualifying examinations

Date	Name of program	Facility
City	State	Country
Results		
Date	Name of program	Facility
City	State	Country
Results		

Observerships in Australian general practice – in chronological order starting with your most recent position

From (dd/mm/yy)	To (dd/mm/yy)	Facility/Practice name
From (dd/mm/yy)	To (dd/mm/yy)	Facility/Practice name

You must also attach certified copies of any results or performance reports from bridging courses undertaken, skills assessment, observership (as applicable) that have been stated in the CV.

Clinical/procedural skills

Please list whether competent and/or observed

Competent

Observed

Section D: Work practice/history

Include details of current and previous positions in chronological order starting with your most recent position.

From (dd/mm/yy)	To (dd/mm/yy)	Position title
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Facility/hospital/practice name

City

State

Country

Full-time

Part-time

Average number of hours per week

Responsibilities (2-3 sentences to describe day-to-day duties)

From (dd/mm/yy)	To (dd/mm/yy)	Position title
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Facility/practice name

City

State

Country

Full-time

Part-time

Average number of hours per week

Responsibilities (2–3 sentences to describe day-to-day duties)

From (dd/mm/yy)

To (dd/mm/yy)

Position title

Facility/practice name

City

State

Country

Full-time

Part-time

Average number of hours per week

Responsibilities (2–3 sentences to describe day-to-day duties)

From (dd/mm/yy)

To (dd/mm/yy)

Position title

Facility/practice name

City

State

Country

Full-time

Part-time

Average number of hours per week

Responsibilities (2–3 sentences to describe day-to-day duties)

From (dd/mm/yy)

To (dd/mm/yy)

Position title

Facility/practice name

City

State

Country

Full-time

Part-time

Average number of hours per week

Responsibilities (2–3 sentences to describe day-to-day duties)

From (dd/mm/yy)

To (dd/mm/yy)

Position title

Facility/practice name

City

State

Country

Full-time

Part-time

Average number of hours per week

Responsibilities (2–3 sentences to describe day-to-day duties)

From (dd/mm/yy)

To (dd/mm/yy)

Position title

Facility/practice name

City

State

Country

Full-time

Part-time

Average number of hours per week

Responsibilities (2–3 sentences to describe day-to-day duties)

From (dd/mm/yy)

To (dd/mm/yy)

Position title

Facility/practice name

City

State

Country

Full-time

Part-time

Average number of hours per week

Responsibilities (2–3 sentences to describe day-to-day duties)

From (dd/mm/yy)	To (dd/mm/yy)	Position title
-----------------	---------------	----------------

Facility/practice name

City State Country

Full-time	Part-time	Average number of hours per week
Responsibilities (2–3 sentences to describe day-to-day duties)		

From (dd/mm/yy)	To (dd/mm/yy)	Position title
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Facility/practice name

City State Country

Full-time	Part-time	Average number of hours per week
Responsibilities (2-3 sentences to describe day-to-day duties)		

Gaps in work practice/history longer than three months

Provide an explanation of any period greater than three months since obtaining your professional qualifications where you have not practised and reasons (eg undertaking study, travel, family commitment).

From (dd/mm/yy) To (dd/mm/yy)

Explanation (2–3 sentences)

From (dd/mm/yy) To (dd/mm/yy)

Explanation (2–3 sentences)

From (dd/mm/yy) To (dd/mm/yy)

Explanation (2–3 sentences)

From (dd/mm/yy) To (dd/mm/yy)

Explanation (2–3 sentences)

From (dd/mm/yy) To (dd/mm/yy)

Explanation (2–3 sentences)

Section E: Medical registration history

Current medical registration – where you are currently registered to practice

Country/jurisdiction(s)	Registration type	Registration number
From (dd/mm/yy)	To (dd/mm/yy)	Registration authority/board
Any restrictions/conditions or undertakings?		

Previous medical registration(s) – where you have been previously registered to practice

Country/jurisdiction(s)	Registration type	Registration number
From (dd/mm/yy)	To (dd/mm/yy)	Registration authority/board
Any restrictions/conditions or undertakings?		

Country/jurisdiction(s)	Registration type	Registration number
From (dd/mm/yy)	To (dd/mm/yy)	Registration authority/board
Any restrictions/conditions or undertakings?		

Country/jurisdiction(s)	Registration type	Registration number
From (dd/mm/yy)	To (dd/mm/yy)	Registration authority/board
Any restrictions/conditions or undertakings?		

Country/jurisdiction(s)	Registration type	Registration number
From (dd/mm/yy)	To (dd/mm/yy)	Registration authority/board
Any restrictions/conditions or undertakings?		

Applying for registration – where have you applied for registration and that application remains under consideration

Country/jurisdiction(s)	Registration type	Registration number
From (dd/mm/yy)	To (dd/mm/yy)	Registration authority/board

Section F: References

Please list the name, position and contact details of three referees

Referee 1

Name	Position
Address	Postcode
Phone	Email

Referee 2

Name	Position
Address	Postcode
Phone	Email

Referee 3

Name	Position
Address	Postcode
Phone	Email

Verification statement

This curriculum vitae is true and correct as at (dd/mm/yy)

Name

Signature

A digital signature is acceptable for this form.