



## Section A: Personal details

Title	First name	Surname
Date of birth	Gender	
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

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## Section B: Qualification

### Primary medical qualification (MBBS or equivalent)

Qualification title			
Country of training	Year qualified	Year awarded	(if different to year qualified for degree)
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)**

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)*

Registration number

From (date)

To (date)

Registering authority

Any restrictions/conditions or undertakings?

Application approved

Application in progress

**For Australian registration only:**

Have you ever been on Ahpra level 1 supervision?

Yes

No

If yes, please provide start and end date of Ahpra Level 1 supervision.

Start date

End date

Date of General registration with Ahpra (if applicable)

### Previous medical licensing authorities

Type of registration (*indicate if licensed to practice as specialist or not*)      Registration number

From (date)      To (date)      Registering authority

Any restrictions/conditions or undertakings?

Type of registration (*indicate if licensed to practice as specialist or not*)      Registration number

From (date)      To (date)      Registering authority

Any restrictions/conditions or undertakings?

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## Section C: Training

### Certificates and courses

#### Basic Life Support Course

Date completed

#### Advanced Life Support Course

Date completed

### Other relevant Australian courses and certificates

Date      Course/Certificate

### Qualifying examinations

Date      Facility


State      City

Name of Program      Results

Date      Facility

State      City

Name of Program      Results

 Please attach certified copies of any results or performance reports from bridging courses undertaken, skills assessment and observership (as applicable) that have been stated in this CV

**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

**Clinical/procedural skills**

Competent	Observed
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**Observerships in Australian General Practice**

From	To
Facility/Practice Name	

From	To
Facility/Practice Name	

From	To
Facility/Practice Name	

From	To
Facility/Practice Name	

## Section D: Employment

### Detailed employment history

List employment in chronological order starting with your current/most recent position. Clearly identify positions held during medical training (including internship), prior to specialist training and in specialist practice (after award of principal specialist qualification).

Provide full location details of all positions (street, suburb, city/town, state, country) and a brief description of day-to-day duties.

Provide an explanation for any gaps in your employment history greater than 3 months.

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

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

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

Start (date)                      End (date)                      Position title

Location (inc country)    Registering authority

Facility/Practice Name

Duties

Full time              Part time  
*(average hours per week)*

Start (date)                      End (date)                      Position title

Location (inc country)    Registering authority

Facility/Practice Name

Duties

Full time              Part time  
*(average hours per week)*

Start (date)                      End (date)                      Position title

Location (inc country)    Registering authority

Facility/Practice Name

Duties

Full time              Part time  
*(average hours per week)*

Start (date)                      End (date)                      Position title

Location (inc country)    Registering authority

Facility/Practice Name

Duties

Full time              Part time  
*(average hours per week)*

Start (date)                      End (date)                      Position title

Location (inc country)                      Registering authority

Facility/Practice Name

Duties

Full time              Part time  
(average hours per week)

Start (date)                      End (date)                      Position title

Location (inc country)                      Registering authority

Facility/Practice Name

Duties

Full time              Part time  
(average hours per week)

Start (date)                      End (date)                      Position title

Location (inc country)                      Registering authority

Facility/Practice Name

Duties

Full time              Part time  
(average hours per week)

Start (date)                      End (date)                      Position title

Location (inc country)                      Registering authority

Facility/Practice Name

Duties

Full time              Part time  
(average hours per week)

### Gaps in employment history

If there are more than 5 gaps add an additional page

Start (date)                      Explanation

End (date)

Start (date)                      Explanation

End (date)

Start (date)                      Explanation

End (date)

Start (date)                      Explanation

End (date)

Start (date)                      Explanation

End (date)

### Referees

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	

**Other activities**

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

A digital signature is acceptable for this form.