

## 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 ( <i>if different</i> )		

### 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)

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                      >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                      >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

### 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?

### 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

### Qualifying examinations

Date                                      Institution

Qualification                              Components of examination

Date                                      Institution

Qualification                              Components of examination

 *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)

Date	Institution	Position held
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### Clinical/procedural skills

Competent	Observed
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## 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.

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>				







**Referee 2**

Name	Position	
Address		Postcode
Phone	Email	
Specify year of most recent contact with Referee		

**Referee 3**

Name	Position	
Address		Postcode
Phone	Email	
Specify year of most recent contact with Referee		

**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

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.