

PESCI Proforma Curriculum Vitae

PERSONAL INFORMATION

Family name (Surname)			
Given names			
Date of Birth			
Gender	Male <input type="checkbox"/> / Female <input type="checkbox"/>		
Home address			
Phone	(M)		(H)
Work address			
Phone	(W)		(Fax)
Email address			
Additional email address			

QUALIFICATIONS OBTAINED

Australian Medical Council (AMC) details of completion

Multi Choice Questionnaire (MCQ)	
Clinical examination	

Primary Medical Qualification (MBBS or equivalent)

Qualification title	
Year qualified	
Year awarded (If different to year qualified)	
Country of training	
Medical school	
Controlling university	
Was a period of internship included in qualification? YES <input type="checkbox"/> / NO <input type="checkbox"/>	
If yes, include dates (month/year): from _____ to _____	

Additional Qualifications:

Qualification title	
Year qualified	
Year awarded	
Country of training	
Institution awarding qualification	

Bridging Programs/Qualifying Examinations:

Date	Facility	City/State	Results

Memberships of Professional Organisations

Please include memberships of all relevant organisations

Date From/To	Organisation

TRAINING

Internship

Date started	
Date ended	
Institute/Facility/Practice	
Address	
Rotations	

Certificates and Courses

Please list all relevant courses attended and certificates gained

Date	Course/Certificate

Clinical/Procedural Skills:

Competent	Observed

WORK HISTORY

Detailed Employment History

Date started	
Date ended	
Position(s)	
Institute/Facility/Practice	
Address	
Responsibilities	

Date started	
Date ended	
Position(s)	
Institute/Facility/Practice	
Address	
Responsibilities	

Date started	
Date ended	
Position(s)	
Institute/Facility/Practice	
Address	
Responsibilities	

Date started	
Date ended	
Position(s)	
Institute/Facility/Practice	
Address	
Responsibilities	

Date started	
Date ended	
Position(s)	
Institute/Facility/Practice	
Address	
Responsibilities	

Date started	
Date ended	
Position(s)	
Institute/Facility/Practice	
Address	
Responsibilities	

GAPS IN WORK/PRACTICE HISTORY

Provide an explanation of any period since obtaining your professional qualifications where you have not practiced and reasons (e.g. undertaking study, travel, family commitment).

Date started	
Date ended	
Reason	

Date started	
Date ended	
Reason	

CURRENT AND ALL PREVIOUS MEDICAL LICENSING AUTHORITIES

Type of registration	Date (from/to)	Registering authority	List restrictions, conditions or undertakings

REFEREES

	Referee 1	Referee 2	Referee 3
Name			
Position			
Address			
Phone number			
Email address			
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 (e.g. 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: _____