Pro Forma Curriculum Vitae

## Personal Details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Family Name (Surname)** |  | | | | |
| **Given Names** |  | | | | |
| **Gender (please highlight)** | **Man or Male** | **Woman or Female** | **Non-Binary** | **I/They** | **Prefer not to answer** |
| **Current State (Location)** |  | | | | |
| **Phone number** |  | | | | |
| **Email address** |  | | | | |

*Complete the applicable sections below*

## Professional information

|  |  |
| --- | --- |
| **ACRRM Membership Number (if applicable)** |  |
| **Ahpra Registration Number** |  |

**Employment**

**Demonstrating at least 5 or more years of Rural Practice after specialist GP registration.**

*(Include all medical employment, starting with most recent/current position. You will need to submit official letters of evidence in the application form)*

|  |  |
| --- | --- |
| **Start/end dates (MM/YYY)** |  |
| **Hours per week** |  |
| **Type of health service** |  |
| **Position title** |  |
| **Name of health service** |  |
| **Address of health service** |  |
| **Duties** |  |

*Copy table as required to record further employment evidence below*

**Memberships**

**Memberships of Professional Organisations**

|  |  |
| --- | --- |
| Please include memberships of all relevant organisations. | |
| **Date From/To** | **Organisation** |
|  |  |
|  |  |
|  |  |

*Extend table as required to record further memberships*

**Training**

**Certificates & Courses**

|  |  |
| --- | --- |
| Please list all relevant courses attended and certificates gained. | |
| **Date** | **Course/Certificate** |
|  | Advanced Life Support (ALS) |
|  |  |
|  |  |

*Extend table as required to record further certificates & courses*

**Teaching Experience**

|  |  |  |
| --- | --- | --- |
| List all experience you have gained in delivering medical education. Include formal appointments of academic institutions. | | |
| **Dates** | **Institution** | **Role** |
|  |  |  |
|  |  |  |
|  |  |  |

*Extend table as required to record further certificates & courses*

**Published Research Papers & Projects**

|  |  |
| --- | --- |
| List papers, publications and projects relevant to your area of advances skills. | |
| **Date** | **Title** |
|  |  |
|  |  |
|  |  |

*Extend table as required to record further published research/projects*

**Management/leadership**

|  |  |
| --- | --- |
| List any management or leadership roles and activities | |
| **Date** | **Title** |
|  |  |
|  |  |
|  |  |

*Extend table as required to record further management and leadership*

**Fellowship with ACRRM**

|  |
| --- |
| Please include important information of how you will contribute to the College as a Fellow as well as in the Rural and Remote Communities. |
|  |

**Verification Statement**

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

Name: Signed: Date: