**Personal DetailS:**

|  |  |  |
| --- | --- | --- |
| Family Name (Surname) |  | |
| Given Names |  | |
| Title |  | |
| Date of Birth |  | |
| Gender | Male  Female  Other | |
| Postal Address |  | |
| Phone | (H) | (M) |
|  | (W) | (Fax) |
| Preferred Email Address |  | |
| Current Employer |  | |
| Current Position |  | |
| Current Work Address |  | |

**Qualifications:**

**Primary Medical Qualification (MBBS or equivalent):**

|  |  |
| --- | --- |
| Qualification title: |  |
| Year Qualified: |  |
| Year Awarded (If different to year qualified for degree): |  |
| Country of Training: |  |
| Medical School: |  |
| Controlling University: |  |
| Was a period of internship included in qualification? YES / NO  If yes, what dates? (include month/year) From     To | |

**Specialist Qualification/s:**

|  |  |
| --- | --- |
| Qualification title: |  |
| Year Qualified: |  |
| Year Awarded (If different to year qualified for degree): |  |
| Country of Training: |  |
| Institution Awarding qualification: |  |
| Duration of training – Years: (please select) | 2 3  4 5  >5 (specify) |

**Additional Qualifications:**

|  |  |
| --- | --- |
| Qualification title: |  |
| Year Qualified: |  |
| Year Awarded: |  |
| Country of Training: |  |
| Institution Awarding qualification: |  |
| List Subjects: |  |

**Master’s Program:**

|  |  |  |  |
| --- | --- | --- | --- |
| Please include details of university **Health Management Master’s** degree (completed, commenced or already enrolled in such a program) | | | |
| Dates | University | Subjects |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**MEDICAL REGISTRATION:**

**Current & All Previous Medical Licensing Authorities:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| Type of registration (indicate if licensed to practice as specialist or not) | Date (from/to) | Registering authority | Any restrictions/conditions or undertakings? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**OTHER FELLOWSHIPS/MEMBERSHIPS:**

**Memberships of Professional Organisations:**

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

**EXPERIENCE IN TEACHING, RESEARCH and PROFESSIONAL ACTIVITES:**

**Teaching Experience:**

|  |  |
| --- | --- |
| Please list all experience you have gained in delivering medical education (including the dates and institutions). Include formal appointments of academic institutions. | |
| Dates | Institution |
|  |  |
|  |  |

**Audit Participation Reports and Research Experience:**

|  |  |
| --- | --- |
| Summarise | |
|  |  |
|  |  |
|  |  |

**Published Research Papers:**

|  |  |
| --- | --- |
| List papers and publications | |
|  |  |
|  |  |
|  |  |

**EMPLOYMENT HISTORY:**

Please list all employment in chronological order starting with your current/most recent position. Provide details of any medical management experience that relates to:

* any clinical and medical professional governance;
* any management and leadership learning and roles;
* senior medical management experience in executive medical administration/management roles

Please ensure that you list the dates you commenced and ceased employment in each position (MM/YYY). Also provide an explanation for any gaps that appear in your employment history. List locations of all positions (suburb/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 (if applicable).

|  |  |
| --- | --- |
| Institution/Hospital |  |
| Position title |  |
| Start/end dates |  |
| Location |  |
| Registering Authority |  |
| Duties (specific responsibilities) |  |

|  |  |
| --- | --- |
| Institution/Hospital |  |
| Position title |  |
| Start/end dates |  |
| Location |  |
| Registering Authority |  |
| Duties (specific responsibilities) |  |

|  |  |
| --- | --- |
| Institution/Hospital |  |
| Position title |  |
| Start/end dates |  |
| Location |  |
| Registering Authority |  |
| Duties (specific responsibilities) |  |

***Add more tables as required for each employer***

**Continuing Professional Development activities:**

|  |
| --- |
| Please list continuing professional development activities undertaken in the last 12 months. |
|  |

|  |
| --- |
| Please list research activities and publications you have undertaken (Copies of research papers and publications are **not required**) |
|  |