**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**)  |
|  |