**Queensland Health Standard Format for**

**Medical Practitioner Curriculum Vitae**

*This template covers the MINIMUM requirements for a medical practitioner CV for Queensland Health. Additional information that is not covered under the headings below may also be included within this document.*

**Personal Information:**

**(Please include your mailing address, telephone and email contact)**

**Qualifications Obtained (Primary & Postgraduate):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualification** | **Name of University / College** | **Country of qualification** | **Year obtained** |
|  |  |  |  |
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**Detailed Practising History:**

**N.B. You must provide a continuous practising history, including internship, completed in any country (including details of specific rotations, if relevant). Please also include any observership/clinical attachment completed in any Australian Hospital.**

**All gaps in clinical practice must be explained (eg. periods of travel/study)**

***Current:***

|  |  |
| --- | --- |
| Dates |  |
| Position Title |  |
| Responsibilities | *(including whether position full/part time capacity; if part time state hours of work per week)* |
| Facility | *(Include name, address and contact details) (Include specific Department, if relevant)* |
| City/State |  |
| Country |  |

***Previous:***

***Copy table as required…***

|  |  |
| --- | --- |
| Dates |  |
| Position Title |  |
| Responsibilities | *(including whether position full/part time capacity; if part time state hours of work per week)* |
| Facility | *(Include name, address and contact details) (Include specific Department, if relevant)* |
| City/State |  |
| Country |  |

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

|  |  |  |
| --- | --- | --- |
| **Licensing Authority** | **Country of Registration** | **Registration Number** |
|  |  |  |
|  |  |  |
|  |  |  |

**Bridging Programs:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program** | **Dates** | **Facility** | **City/State** | **Results** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Clinical/Procedural Skills:**

|  |  |
| --- | --- |
| **Competent** | **Observed** |
|  |  |
|  |  |
|  |  |
|  |  |

**References:**

**Please list the names and contact details of three referees, one preferably being your immediate and current supervisor.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Referee 1** | **Referee 2** | **Referee 3** |
| **Name:** |  |  |  |
| **Position:** |  |  |  |
| **Address:** |  |  |  |
| **Phone Number:** |  |  |  |
| **Email:** |  |  |  |

**Other Documentation:**

Please include or attach any other pertinent documents/information here, eg:

1. Research / Publications / Invited presentations;
2. Research Grants;
3. Membership of Learned Societies;
4. Other Achievements / Awards

**Verification Statement:**

I verify that the information contained within this Curriculum Vitae is true and correct as at <insert date>.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Enquiries:**

If you have any difficulties completing this template, please contact 1800 000 093 or email [workforus@health.qld.gov.au](mailto:workforus@health.qld.gov.au) for assistance.