**RACS**

**Specialist Assessment Pathway**

**Curriculum Vitae Pro Forma**

***Personal DetailS:***

|  |  |  |
| --- | --- | --- |
| Family Name (Surname) |  | |
| Given Names |  | |
| Date of Birth |  | |
| Gender | Male / Female | |
| Current Work Address |  | |
| Phone | (H) | (M) |
|  | (W) | (Fax) |
| Current Home Address |  | |
| Phone | (I) | (M) |
|  | (W) | (Fax) |
| Contact email address |  | |
| Work email address (if different) |  | |

***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 (Principal/Highest):**

|  |  |
| --- | --- |
| 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: |  |

**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? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Memberships of Professional Organisations:**

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

***TRAINING:***

**Certificates & Courses:**

|  |  |
| --- | --- |
| Please list all relevant courses attended and certificates gained | |
| Date | Course/Certificate |
|  |  |
|  |  |
|  |  |

**Specialist Examinations:**

|  |  |  |  |
| --- | --- | --- | --- |
| Please include details of examinations taken (MCQ, Viva Voce, Clinical) | | | |
| Dates | Institution | Specialty/  Sub-Specialty | Components of Examination |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Clinical/Procedural Skills:**

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

***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 | |
|  |  |
|  |  |
|  |  |

**Detailed Employment History:**

|  |  |
| --- | --- |
| Please list all employment in chronological order starting with your current/most recent position; include those positions held during your medical training (including your internship) and any other employment prior to specialist training.  Please ensure in relation to clinical surgical experience that you provide:   * An up-to-date outline of each surgical rotation, i.e. details of the job description for each surgical post - including in-training supervision and details of the supervising consultants * The nature of the service provided; specific responsibilities i.e. involved in the pre and post-operative care of patients. * You should list total number of months spent in formal training in the relevant specialty. * Duration of each rotation. This total should not include rotations other than the specialty you are seeking assessment in.   Please ensure that you list the dates you commenced and ceased employment in each position (in month and year format MM/YYY). Also provide an explanation for any gaps that appear in your employment history.  Provide full locations of all positions (street, suburb, city/town, state, country) and brief description of day to day duties, including sub specialty training.  Clearly identify your intern year (postgraduate year 1) and other years between obtaining medical degree and commencing specialist training.  Employment history should be completed in two sections to indicate employment during specialist training and employment in specialist practice (after award of principal specialist qualification).  Copy table as required. | |
| **EMPLOYMENT IN SPECIALIST PRACTICE (after award of principal specialist qualification)** | |
| Start/end dates |  |
| Institution/Hospital |  |
| Position title |  |
| Location (include Country) |  |
| Registering Authority |  |
| Duties |  |

|  |  |
| --- | --- |
| Start/end dates |  |
| Institution/Hospital |  |
| Position title |  |
| Location |  |
| Registering Authority |  |
| Duties |  |

|  |  |
| --- | --- |
| Start/end dates |  |
| Institution/Hospital |  |
| Position title |  |
| Location |  |
| Registering Authority |  |
| Duties |  |
| **EMPLOYMENT DURING SPECIALIST TRAINING (**List individual rotations spent in formal training in the relevant specialty. This should include details of the number of consultants in each unit). | |
| Start/end dates |  |
| Institution/Hospital |  |
| Position title, inclusive of sub-specialty |  |
| Details of consultants in unit |  |
| Location |  |
| Registering Authority |  |
| Duties (specific responsibilities) |  |

|  |  |
| --- | --- |
| Start/end dates |  |
| Institution/Hospital |  |
| Position title, inclusive of sub-specialty |  |
| Details of consultants in unit |  |
| Location |  |
| Registering Authority |  |
| Duties (specific responsibilities) |  |

|  |  |
| --- | --- |
| Start/end dates |  |
| Institution/Hospital |  |
| Position title, inclusive of sub-specialty |  |
| Details of consultants in unit |  |
| Location |  |
| Registering Authority |  |
| Duties (specific responsibilities) |  |

**EMPLOYMENT BEFORE SPECIALIST TRAINING**

|  |  |
| --- | --- |
| Start/end dates |  |
| Institution/Hospital |  |
| Position title |  |
| Location |  |
| Registering Authority |  |
| Duties |  |

|  |  |
| --- | --- |
| Start/end dates |  |
| Institution/Hospital |  |
| Position title |  |
| Location |  |
| Registering Authority |  |
| Duties |  |

**Continuing Professional Development activities:**

|  |
| --- |
| Please list details below of any continuing professional development activities and research activities and publications you have undertaken in the previous three years. (Copies of research papers and publications are not required) |
|  |

**Verification Statement**

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

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