

CURRICULUM VITAE

| PERSONAL DETAILS | | Photo Optional |
|---|--|-------------------|
| Title | | |
| First Name | | |
| Last Name | | |
| Middle/ Other Name(s) | | |
| PMCV Candidate ID | | |
| Residency Status (Australian Citizen, Permanent Resident, New Zealand Citizen etc) | | |
| Date of birth | | |
| Gender (Male, Female, Non-Binary, prefer not to say) | | |
| Are you of Aboriginal or Torres Strait Islander Origin? | | |
| Which university did you attend? | | |
| In which state did you graduate? | | |
| In which year did you complete your course? | | |
| What is your AHPRA medical registration number? | | |
| What is your RACP MIN (Member Identification Number)? | | |
| Are you currently working? (Yes/No) If yes, mention your current position and your current employing institution. If no, what was the most recent year you were employed? | | |
| CONTACT DETAILS | | |
| Address | | |
| Mobile Phone | | |
| Email | | |

Career goals (max 350 words) *

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RACP EXAMINATION RESULTS - Please enter your clinical exam results.

| Year | RACP Examination (Clinical and/or written) | Result "Pass" or "Fail" |
|------|--|-------------------------|
| | | |
| | | |

TERTIARY EDUCATION

| Period | Qualification | Institution | Location |
|--------|---------------|-------------|----------|
| | | | |
| | | | |

SECONDARY EDUCATION

| Period | Qualification | Institution | Location |
|--------|---------------|-------------|----------|
| | | | |
| | | | |

EMPLOYMENT HISTORY

| Period | Role/position | Organisation | Duration |
|--------|---------------|--------------|----------|
| | | | |
| | | | |

CURRICULUM VITAE

RESEARCH, PUBLICATIONS AND PRESENTATIONS

| Year | Details |
|-------------|----------------|
| | |

RECOGNITION OF EXCELLENCE

| Year | Name of Award/Prize/Scholarship | Institution |
|-------------|--|--------------------|
| | | |

LEADERSHIP AND EXTRACURRICULAR ACTIVITIES/ACHIEVEMENTS

| Year | Details |
|-------------|----------------|
| | |

Add any relevant personal interests to your CV

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