

# CURRICULUM VITAE

PERSONAL DETAILS		Photo Optional
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		

Please state your training objectives for next year and your current objectives at the completion of Nephrology Training (maximum 1,750 characters).

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## EDUCATION AND QUALIFICATIONS

Period	Qualification	Institution	Location

## EMPLOYMENT HISTORY

Period	Role/position	Organisation	Duration

## NEPHROLOGY EXPERIENCE

Period	Role/position	Organisation	Duration (in months)

## RESEARCH, PUBLICATIONS AND PRESENTATIONS

Year	Details

# CURRICULUM VITAE

## CONFERENCE ATTENDANCE/PRESENTATIONS

Year	Details

## QUALITY ASSESSMENT AND IMPROVEMENT ACTIVITIES

Add any relevant experiences e.g. audits, redesigns, risk management etc.

## TEACHING EXPERIENCE

Year	Details

## RECOGNITION OF EXCELLENCE

Year	Name of Award/Prize/Scholarship	Institution

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## **LEADERSHIP AND EXTRACURRICULAR ACTIVITIES/ACHIEVEMENTS**

<b>Year</b>	<b>Details</b>

## **TRAINING INFORMATION – NEPHROLOGY ADVANCED TRAINING**

**Total number of years and months completed by January 2026.**

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