

Queensland Gastroenterology Advanced Training Curriculum Vitae template

Personal Information

Name	
Mailing address	
Telephone number	
Email contact	

Qualifications Obtained (Primary & Postgraduate)

Qualification	Name of University / College	Duration, part/full-time	Year obtained
<i>add rows as needed</i>			

Prizes and Awards

Name	Awarding institution	Describe rationale and competitiveness	Year obtained
<i>add rows as needed</i>			

Detailed Practising History

N.B. You must provide a **continuous** practising history, including internship. All gaps in clinical practice must be explained (e.g. periods of travel/study)

Current

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

Country	

Previous

Copy table as required.

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

Presentations

Title	Authorship position (x/n)	Type (oral/poster)	Meeting
<i>add rows as needed</i>			

Publications

Do not include abstracts from presentations here

Title	Authorship position (x/n)	Journal reference	PMID citation
<i>add rows as needed</i>			

Teaching

Describe any training you have received including qualifications, duration and methodology		
Teaching experience	Detail your involvement	Duration
<i>add rows as needed</i>		

Quality Improvement activities

Title	Detail your involvement	Design and conduct	Implementation of QI outcome

<i>add rows as needed</i>			

Commitment to specialty

List evidence that demonstrates your suitability or commitment to Gastroenterology and/or the QLD GE programme

<i>add rows as needed</i>

Other

State any other factors relevant to this application

<i>add rows as needed</i>

References

Please list the names and contact details of three referees, one being your immediate and current supervisor and one your Director of Physician Training.

Detail	Referee 1 (current consultant)	Referee 2
Name:		
Position:		
Address:		
Phone Number:		
Email:		

Detail	Referee 3 (Director of Physician Training/equivalent)
Name:	
Position:	
Address:	
Phone Number:	
Email:	

Verification Statement

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

Name: _____ Signed: _____