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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| *add rows as needed* |  |  |  |

## Prizes and Awards

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Awarding institution** | **Describe rationale and competitiveness** | **Year obtained** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| *add rows as needed* |  |  |  |

## 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 | *(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 |  |

## Presentations

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **Authorship position (x/n)** | **Type (oral/poster)** | **Meeting** |
|  |  |  |  |
|  |  |  |  |
| *add rows as needed* |  |  |  |

## Publications

Do not include abstracts from presentations here

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **Authorship position (x/n)** | **Journal reference** | **PMID citation** |
|  |  |  |  |
|  |  |  |  |
| *add rows as needed* |  |  |  |

## Teaching

|  |  |  |
| --- | --- | --- |
| **Describe any training you have received including qualifications, duration and methodology** | | |
|  | | |
| **Teaching experience** | **Detail your involvement** | **Duration** |
|  |  |  |
|  |  |  |
| *add rows as needed* |  |  |

## Quality Improvement activities

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **Detail your involvement** | **Design and conduct** | **Implementation of QI outcome** |
|  |  |  |  |
|  |  |  |  |
| *add rows as needed* |  |  |  |

## Commitment to specialty

|  |
| --- |
| **List evidence that demonstrates your suitability or commitment to Gastroenterology and/or the QLD GE programme** |
|  |
|  |
|  |
| *add rows as needed* |

## Other

|  |
| --- |
| **State any other factors relevant to this application** |
|  |
| *add rows as needed* |

## 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_