

CURRICULUM VITAE

PERSONAL DETAILS			PASSPORT PHOTO
Surname			
First name			
Middle/ Other name(s)			
University ID Number			
PMCV Candidate Number			
Residency Status			

DRIVING QUALIFICATIONS	Please indicate
Do you hold a current Australian or other driver's license?	Yes / No
If you hold a current driver's license from another country, do you intend to obtain an Australian License or International Driving Permit? If yes, please advise when.	Yes / No Date:

CONTACT DETAILS			
Address			
Home Phone		Mobile Phone	
Email			

ENGLISH LANGUAGE SKILLS REGISTRATION STANDARD					
Please read the English language skills registration standard issued by the Medical Board of Australia before completing this section.					
Are you required to sit an English Language Test? (Please circle)					
No	Please skip to Tertiary Education (do not delete this section from your CV)				
Yes	Please complete the questions below in relation to your English Language Test				
If you have completed any one or more of the following tests: IELTS, OET, PTE Academic, TOEFL iBT, NZREX and PLAB, and test results have been released, please advise test date and results.					
IELTS	Test Date:	Listening:	Reading:	Writing:	Speaking:
OET	Test Date:	Listening:	Reading:	Writing:	Speaking:
PTE	Test Date:	Listening:	Reading:	Writing:	Speaking:
TOEFL iBT	Test Date:	Listening:	Reading:	Writing:	Speaking:
NZREX	Test Date:	Result:	PLAB	Test Date:	Result:
If you have completed one or more of the following tests: IELTS, OET, NZREX and PLAB, but are awaiting release of the test results, please advise test date and expected results release date.					
Test Date:		Results release date:			
If you have <u>not</u> completed any one or more of the following tests: IELTS, OET, NZREX and PLAB, have you applied to do so? If yes, please advise expected test date and results release date. If no, when do you intend to complete it?					
If yes:	Test Date:		Results release date:		
If no:	Expected test date:				

CURRICULUM VITAE

EDUCATION AND QUALIFICATIONS

Tertiary Education

Period	Qualification	Institution	Location

Secondary Education

Period	Qualification	Institution	Location

CLINICAL PLACEMENT

Period	Organisation	Site	Rotation

EMPLOYMENT HISTORY

Period	Role/ Position	Organisation	Location

VOLUNTEERING HISTORY

Period	Role/ Position	Organisation	Location

CURRICULUM VITAE

ACHIEVEMENTS AND AWARDS

Year	Name of Award/ Prize/ Scholarship	Institution

RESEARCH, PUBLICATIONS AND PRESENTATIONS

Year	Details

LEADERSHIP ROLES AND EXTRACURRICULAR ACHIEVEMENTS

Year	Details

PERSONAL INTERESTS

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NON-CLINICAL REFEREES

(Please refer to the hospital directory to see if health services you are applying to require a character reference. If not a requirement please leave this section blank.)

Name		Name	
Relationship		Relationship	
Period of Relationship		Period of Relationship	
Phone		Phone	
Email		Email	

