

Tasmanian Health Service

Resident Medical Officer Curriculum Vitae

This template covers the MINIMUM requirements for a Resident Medical Officer CV for Tasmanian Health Service. Additional information that is not covered under the headings below may also be included within this document. Evidence to support qualifications and any other claims made within the CV must be included.

Personal Information:

Surname	
Given name/s	
Residential address	
Postal address	
Email address	
Telephone number/s	

Qualifications (Primary & Postgraduate):

Qualification	Name of University/College	Location	Year obtained

Current & all previous Medical Registration:

Date	Registration Authority (e.g. AHPRA)	Country of Registration	Registration No.

Detailed Practising History:

You must provide a continuous practising history that includes internship (include details of specific rotations, if relevant). Please also indicate any observership/clinical attachment complete in any Australian Hospital. All gaps in clinical practice must be explained (eg. Periods of travel/study).

Current

Dates	
Position title	
Full time or Part time (if part time state hours per week)	
Responsibilities	
Facility (Include Specific department if relevant)	
Contact Details	
Contact Email or Phone no.	
City/State	
Country	

Previous (*copy table and paste below for each practice period)

Dates	
Position title	
Full time or Part time (if part time state hours per week)	
Responsibilities	
Facility (Include Specific department if relevant)	
Contact Details	
Contact Email or Phone no.	
City/State	
Country	

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Presentations, Teaching and Audit:

Date	Title

CPD :: Skills-based Workshops, Short Courses etc (undertaken in the past 2 years)

Date	Title	Duration	City/State

References:

Referees must be at Consultant level or Senior Registrar level (4 >years post general Registration)

	Referee 1 (Current or most recent employer)	Referee 2 (Within past 12 months)	Referee 3 (Applicant choice)
Name			
Position			
Department			
Facility			
Email			
Phone No.			

Verification Statement:

I verify that the information contained within this Curriculum Vitae is true and correct as at the below date. I have attached evidence to support all claims made.

Name	
Signature	
Date	