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| **PERSONAL/CONTACT DETAILS** | |
| **Surname:** |  |
| **First Name:** |  |
| **Date of Birth:** |  |
| **Gender:** | Male  Female  Other  Prefer not to say |
| **Do you identify as:** | Aboriginal and/or Torres Strait Islander  Maori  Pasifika |
| **Home Address:** |  |
| **Country:** |  |
| **Phone number(s):** |  |
| **Email address(es):** |  |

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| **GENERAL INFORMATION**  Please provide evidence for each of these items in numbered appendices. | | | |
| **1** | Are you a citizen of Australia or New Zealand? | | Yes  No |
| **2** | If no, are you a permanent resident of Australia or New Zealand with working rights in Australia or New Zealand? | | Yes  No |
| **3** | Which Medical Board/Council are you registered with?  What is your Medical Registration Number? | | MBA/AHPRA  MCNZ  #: |
| **4** | Where did you obtain your medical degree? | Institution:  Address (including country): | |
| **5** | If you are an international medical graduate, which year did you successfully complete your Australian Medical Council Examinations or New Zealand Registration Exam (NZREX)? | | Year: |
| **6** | Which year did you complete the ACSEP Entrance Examination? | | Year: |

**CURRICULUM VITAE**

Please provide a summary in the categories below to support your application.

Please attach as clearly labelled appendices your certificates, transcripts, publications or other supportive evidence.

Please only list items once (do not repeat it multiple categories).

*Grey areas are for administration use, please use the insert rows function to add more lines if needed.*

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| **1.** | **EDUCATION & QUALIFICATIONS:**  List all degrees/courses you have completed. | | **O** | **S** |
|  | To – From DATE | **TITLE OF QUALIFICATION**  INSTITUTION/ORGANISATION |  |  |
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| **2.** | **WORK HISTORY - CLINICAL**  Includes GENERAL MEDICINE and SPORT & EXERCISE MEDICINE Appointments/ Experience/Observations. Clearly highlight which were PGY1-PGY3 | | **O** | **S** |
|  | To – From DATE | **ORGANISATION & POSITION HELD**  Short description of duties/tasks  Advise FT/PT  Location |  |  |
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| **3.** | **WORK HISTORY - WITH SPORTING TEAMS & AT SPORTING EVENTS:**  List all teams and events you have been appointed to and successfully completed | | **O** | **S** |
|  | To – From DATE | **TEAM/EVENT NAME & POSITION HELD**  Short description of duties/tasks  Location |  |  |
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| **4.** | **RESEARCH & PUBLICATIONS:**  List all completed research and publications | | **O** | **S** |
|  | DATE | AUTHOR ORDER & TITLE  Advise if the publication is an article that is directly related to Sport and Exercise Medicine (SEM)  Include published link |  |  |
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| **5.** | **PRESENTATIONS & POSTERS:**  List all presentations made and accepted posters | | **O** | **S** |
|  | DATE | TITLE, TOPIC AND WHERE/WHO PRESENTED TO |  |  |
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| **6.** | **LEADERSHIP, PROFESSIONAL DEVELOPMENT & AWARDS:**  *List all conferences that you have attended (including dates), your sporting interests (include sport and level of competition), and any leadership positions, courses or professional awards****in the past 5 years*** | | **O** | **S** |
|  | DATE | DETAILS |  |  |
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| **7.** | **COMMUNITY SERVICE:**  List all registered volunteer work or pro-bono work. All listed community work will require documentation to substantiate accuracy. | | **O** | **S** |
|  | DATE(S) | TITLE AND/OR DESCRIPTION |  |  |
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| **10.** | **REFERENCES:**  Please provide 3 professional references – these may be contacted if you have been interviewed by the Selection Panel. | |
|  | 1 | NAME OF REFEREE:  ORGANISATION:  POSITION HELD:  CONTACT NUMBER:  EMAIL ADDRESS: |
|  | 2 | NAME OF REFEREE:  ORGANISATION:  POSITION HELD:  CONTACT NUMBER:  EMAIL ADDRESS: |
|  | 3 | NAME OF REFEREE:  ORGANISATION:  POSITION HELD:  CONTACT NUMBER:  EMAIL ADDRESS: |