



# NAME

GMC Reg. No. XXXXXXXX (Full Registration)

Date of birth:

Address

Tel: xxxxxxxxxxx – Mob: xxxxxxxxxxx – Work: xxxxxxxxxxx

Email: xxxxxxxxxxx@xx.com

## QUALIFICATIONS

YEAR	Mth	Qualification Institution
YEAR	Mth	Qualification Institution
YEAR	Mth	Qualification Institution
YEAR	Mth	Qualification Institution

## SUMMARY OF TRAINING & EXPERIENCE

**Mth YY – Current**      **Grade – Specialty**  
Hospital (Consultant's name)

- Experience
- Experience
- Experience
- Experience

**Mth YY – Mth YY**      **Grade – Specialty**  
Hospital (Consultant's name)

- Experience
- Experience
- Experience
- Experience



**Mth YY – Mth YY**      **Grade – Specialty**  
Hospital (Consultant's name)

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Hospital (Consultant's name)

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- Experience
- Experience

**Mth YY – Mth YY**      **Grade – Specialty**  
**Hospital (Consultant's name)**

- **Experience**
- **Experience**
- **Experience**
- **Experience**



## CLINICAL PROCEDURES

### Independently

- Procedure
- Procedure
- Procedure
- Procedure
- Procedure
- Procedure

### Under Supervision

- Procedure
- Procedure
- Procedure
- Procedure
- Procedure
- Procedure

## COURSES & CONFERENCES

YYYY Mth Course name  
Organiser

YYYY Mth Course name  
Organiser

YYYY Mth Course name  
Organiser

YYYY Mth Course name  
Organiser

YYYY Mth Course name  
Organiser

YYYY Mth Course name  
Organiser

YYYY Mth Course name  
Organiser

YYYY Mth Course name  
Organiser



## RESEARCH

### RESEARCH EXPERIENCE

**YEAR**                      **Research topic**  
Hospital Name (Supervisor name)

- Aim of project
- Description of the study (brief) and your role.
- Outcome of research and brief summary of presentations/publications done.

**YEAR**                      **Research topic**  
Hospital Name (Supervisor name)

- Aim of project
- Description of the study (brief) and your role.

Outcome of research and brief summary of presentations/publications done.

### COURSES ATTENDED

**YEAR**    **Mth**                      **Course topic**  
Organiser

### OTHER

## PUBLICATIONS

**YEAR**                      **Title**  
Authors (underline your name, no bold)  
Journal

**YEAR**                      **Title**  
Authors (underline your name, no bold)  
Journal

**YEAR**                      **Title**  
Authors (underline your name, no bold)  
Journal



## MEMBERSHIPS

- Institution
- Institution
- Institution
- Institution

## PERSONAL INTERESTS

- Interest
- Interest
- Interest
- Interest

## REFERENCES

**Reference 1**  
Contact details

**Reference 2**  
Contact details

**Reference 3**  
Contact details

**Reference 4**  
Contact details