CV

# PERSONAL DETAILS:

|  |  |
| --- | --- |
| **Forenames** |  |
| **Surname** |  |
| **Name of spouse** |  |
| **Profession** |  |
| **Home Address** |  |
| **Country** |  |
| **E-mail** |  |
| **Skype account** |  |
| **Telephone (work)** |  |
| **Telephone (mobile)** |  |
| **Date of Birth** |  |
| **Nationality** |  |
| **Citizenship** |  |
| **Gender** |  |
| **Marital Status** |  |
| **Children (if applicable)** |  |

# HIGHER EDUCATION:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **From** | **To** | **Name and location of university** | **Subject or specialty** | **Level of course**  **(diploma, degree,**  **Certificate, etc.)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# POSTGRADUATE EDUCATION OR TRAINING:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **From** | **To** | **Name and location of university or hospital** | **Subject or specialty** | **Level of course**  **(diploma, degree,**  **Certificate, etc.) or position** |
|  |  |  |  |  |
|  |  |  |  |  |

# Current employment:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **From (Month, Year)** | **To (Month, Year)** | **Employer**  **(Hospital’s or Employer’s name, department)** | **Location**  **(City, Country)** | **Position**  **(Registrar/Specialist/Consultant, etc.)** |
|  |  |  |  |  |

# Current Employment Description:

(Please, describe the department where you work, your daily tasks and responsibilities. What kinds of patients do you treat -acute/ambulatory? How many patients do you treat?, etc.)

|  |
| --- |
|  |

# employment HISTORY:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **From** | **To** | **Employer** | **Location** | **Position** |
|  |  |  |  |  |
|  |  |  |  |  |

# Employment HISTORY Description:

(Please, describe the department(s) where you have worked, your daily tasks and responsibilities. What kinds of patients have you treated -acute/ambulatory? How many patients have you treated?, etc.)

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# Managing and administrative skills

(Please, list all your administrative tasks – even the daily routines and journals – and your experience in management)

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# PREFERRED WORK:

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| --- |
|  |

# KNOWLEDGE OF LANGUAGES:

|  |  |
| --- | --- |
| **Language** | **Level of knowledge** |
|  |  |
|  |  |

# Computer skills:

|  |
| --- |
|  |

# PERSONAL INTERESTS:

|  |
| --- |
|  |

# REFERENCES:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title** | **Name** | **Hospital** | **E-mail Address** | **Tel** |
|  |  |  |  |  |
|  |  |  |  |  |

# AUTHORIZATION, DISCIPLINARY AND CRIMINAL ACTIONS:

|  |  |  |
| --- | --- | --- |
| I hereby declare that the above information is true and correct to the best of my knowledge. | Yes | No |
| I approve that I have authorization to practice as specialist doctor in my home country. | Yes | No (to be elaborated) |
| I have not been involved in patient complaints or medical disputes leading to disciplinary actions. | True | Not true (to be elaborated) |
| I have not been convicted of offences being punishable according to Danish criminal legislation. | True | Not true (to be elaborated) |
| I have not been convicted of offences that according to Danish criminal legislation would be stated in an official certificate concerning child abuse.\*  \* Offences concerning violation of the Danish criminal code (Straffeloven) § 222, cf. §§ 224 and 225, and § 235 and also violation of § 210 and 232 if the offence has been conducted against a child under 15. | True | Not true (to be elaborated) |