CV

# PERSONAL DETAILS:

|  |  |
| --- | --- |
| **Forenames** |  |
| **Surname** |  |
| **Specialties** |  |
| **Year of specialization(s)** |  |
| **Medical Registration Nr.** |  |
| **Home Address** |  |
| **Country** |  |
| **E-mail** |  |
| **Skype account** |  |
| **Telephone (work)** |  |
| **Telephone (mobile)** |  |
| **Date of Birth** |  |
| **Nationality** |  |
| **Citizenship** |  |
| **Gender** |  |
| **Marital Status** |  |

# HIGHER EDUCATION:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **From** | **To** | **Name and location of university** | **Subject or specialty** | **Level of course****(diploma, degree,****Certificate, etc.)** |
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# POSTGRADUATE EDUCATION OR TRAINING:

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

(Please, describe the structure of your specialization training.)

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| **Primary Medical** **Education** |
| Medical School/University: ...............City/Country: ..........................Primary Medical Qualification: .................................  | Date of Graduation: ................ |
| **Postgraduate Education – specialist training & other education** |
| Field of Specialization: ................................. | Date of Specialization: ................ |
| **Other higher qualification/ PhD****Degree/Diploma, etc.** | **Institute** | **Date of Qualification****(DD/MM/YY)** |
|  |  |  |
| **Postgraduate Exams** (Please include all the exams you had to pass during your specialization training) | **Grade / Character Achieved** (E.g. Excellent, Good, Average, Pass, Failed) | **Date (DD/MM/YY)** |
| General Medicine |  |  |
| Obstetrics and gynecology |  |  |
| Psychiatry |  |  |
| Pediatrics |  |  |
| Surgery |  |  |
| Other(s)- please specify |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Postgraduate Trainings –** Please, list your practical experience during specialization | **Dates** |
| **Department** (Please include in which departments / what modules you have had during your specialization training) | **Location of Training - Hospital** | **From (DD/MM/YY)** | **To****(DD/MM/YY)** |
| General Medicine |  |  |  |
| Obstetrics and gynecology |  |  |  |
| Psychiatry |  |  |  |
| Pediatrics |  |  |  |
| Surgery |  |  |  |
| Other(s)- please specify |  |  |  |
|  |  |  |  |
|  |  |  |  |
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# Current employment:

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

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# employment HISTORY:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **From** | **To** | **Employer** | **Location** | **Position** |
|  |  |  |  |  |
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# 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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# Clinical skills, Operations, medical- examinations, techniques or experience:

(Please, fill out each and every column)

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| --- | --- | --- | --- |
| **Clinical skills, operations, medical- examinations, techniques…** | **Number performed per year** | **Number performed in total** | **Years of experience** |
| General Medicine |  |  |  |
| Obstetrics and gynecology |  |  |  |
| Psychiatry |  |  |  |
| Pediatrics |  |  |  |
| Surgery |  |  |  |
| Other(s)- please specify |  |  |  |
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# Teaching and supervision

(Please, list your experience as teacher or supervisor – if any)

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| --- | --- | --- | --- | --- |
| **From** | **To** | **Name and location of university or hospital** | **Subject or specialty** | **Level of course****(diploma, degree,****certificate, 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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# COMPETENCES

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| Please, describe your personal experiences and skills within the following topics as professionally and detailed as possible. Write at least 3-4 sentences to each competence.BE AWARE that your answers for these questions are of huge importance for the employer. |
| **MEDICAL EXPERT**• Medical knowledge, skills and attitudes (competence)• Clarification, diagnosis and treatment• Medical priority-setting• Identification of and solution to healthcare problems |  |
| **COMMUNICATOR**• Rapport with patient/relatives/ colleagues and other collaboration partners• Communication of professional problems (method and media)• Mastery of various media (oral, written and visual) |  |
| **COLLABORATOR**• Patient-related/interdisciplinary collaboration• Patient empowerment• Teamwork (leader and team member) |  |
| **ORGANISER /MANAGER/ADMINISTRATOR**• Planning (own time and the time of others)• Continuity of care across departments and sectors• Chairing of meetings• Conflict resolution• Formal organisational positions• Patient safety• Quality awareness |  |
| **HEALTH ADVOCATE**• Guidance and advice about health-promotion initiatives• Responsiveness to repeated harmful/disease promoting/ pathogenic factors• Prevention• Health-promotion measures |  |
| **SCHOLAR**• Reflective approach to own practices and the practices of others• Evidence-based knowledge and translation of research into practice• Research and development projects• Responsibility for own learning (lifelong learning)• Teaching and educational environment |  |
| **PROFESSIONAL**• Diligence and conscientiousness• Management of professionalism in compliance with the Hippocratic Oath and legislation• Decision-making on the basis of limited information• The patient's autonomy• Role model |  |

# Medical Memberships:

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| --- | --- | --- |
| **From** | **To** | **Description** |
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|  |  |  |

# RESEARCH AND PUBLICATIONS:

|  |  |  |
| --- | --- | --- |
| **Year** | **Where** | **Description** |
|  |  |  |
|  |  |  |

# PREFERRED WORK:

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| --- |
|  |

# KNOWLEDGE OF LANGUAGES:

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

# Computer skills:

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| --- |
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# PERSONAL INTERESTS:

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# REFERENCES:

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| --- | --- | --- | --- | --- |
| **Title** | **Name** | **Hospital** | **E-mail Address**  | **Tel** |
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# AUTHORIZATION, DISCIPLINARY AND CRIMINAL ACTIONS:

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| --- | --- | --- |
| 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) |