**Professional postgraduate experience form**

• Account for all work experience and **other activities** within the last five years

• All dates must be recorded as **dd/mm/yyyy**

• Do not leave any gaps between entries

Examples of other activities are:

• Clinical attachments and observerships

• Unemployment

• Maternity/paternity leave – contractual

• Maternity/paternity leave – unpaid/non-contractual

• Study leave

• Vacation

• Career break

**The information provided was true and correct on this day: ………………………….**

**Personal details**

|  |  |  |
| --- | --- | --- |
| Title (Dr, Mr, Ms, Mrs, etc.) | | |
| Family name or surname |  |  |
|  | | |
| First name |  |  |

**Details of experience in the last five years**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Start date | Finish date | Name and location of medical employer or details when not engaged in clinical practice | Country | Engaged in medical practice? | Grade/Title of post | Specialty | PT/ FT | Hours of  clinical practice per week |
| DD/MM/YYYY | DD/MM/YYYY |  |  |  |  |  |  |  |
| DD/MM/YYYY | DD/MM/YYYY |  |  |  |  |  |  |  |
| DD/MM/YYYY | DD/MM/YYYY |  |  |  |  |  |  |  |
| DD/MM/YYYY | DD/MM/YYYY |  |  |  |  |  |  |  |
| DD/MM/YYYY | DD/MM/YYYY |  |  |  |  |  |  |  |
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| DD/MM/YYYY | DD/MM/YYYY |  |  |  |  |  |  |  |
| DD/MM/YYYY | DD/MM/YYYY |  |  |  |  |  |  |  |

**Details of experience in the last five years (continued)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Start date | Finish date | Name and location of medical employer or details when not engaged in clinical practice | Country | Engaged in medical practice? | Grade/Title of post | Specialty | PT/ FT | Hours of clinical  practice per week |
| DD/MM/YYYY | DD/MM/YYYY |  |  |  |  |  |  |  |
| DD/MM/YYYY | DD/MM/YYYY |  |  |  |  |  |  |  |
| DD/MM/YYYY | DD/MM/YYYY |  |  |  |  |  |  |  |
| DD/MM/YYYY | DD/MM/YYYY |  |  |  |  |  |  |  |
| DD/MM/YYYY | DD/MM/YYYY |  |  |  |  |  |  |  |
| DD/MM/YYYY | DD/MM/YYYY |  |  |  |  |  |  |  |
| DD/MM/YYYY | DD/MM/YYYY |  |  |  |  |  |  |  |
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| DD/MM/YYYY | DD/MM/YYYY |  |  |  |  |  |  |  |
| DD/MM/YYYY | DD/MM/YYYY |  |  |  |  |  |  |  |
| DD/MM/YYYY | DD/MM/YYYY |  |  |  |  |  |  |  |
| DD/MM/YYYY | DD/MM/YYYY |  |  |  |  |  |  |  |