**DIPLOMA IN HUMAN PHARMACOLOGY**

**Curriculum Vitae Template**

Complete this form and email a copy to exams@fpm.org.uk or post to the address above.

You may add or remove boxes as relevant to your experience.

**PERSONAL DETAILS**

|  |  |  |
| --- | --- | --- |
| Title | First name | Surname |
| Address for correspondence |  |
| Phone number |  |
| Email |  |
| FPM membership No. (if applicable) |  |
| Date of birth (dd mm yy) |  |

**MEDICAL REGISTRATION**

|  |  |  |
| --- | --- | --- |
| GMC (UK) | No. | Date: |
| Medical Reg. (non-UK)  | No. | Date: | Country: |

**ACADEMIC RECORD**

|  |  |  |  |
| --- | --- | --- | --- |
| From mm/yy | To mm/yy | Qualification | Institution / Awarding Body |
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**PROFESSIONAL AFFILIATIONS/MEMBERSHIP OF LEARNED SOCIETIES (if relevant)**

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**DETAILS OF EXPERIENCE IN HUMAN PHARMACOLOGY / TRANSLATIONAL MEDICINE** e.g. time spent and types of studies in which you have been actively involved ***and in what capacity***

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**EMPLOYMENT HISTORY**

NB: You must state periods of absence e.g. sickness, parental leave longer than one month.

**PHARMACEUTICAL**

**Present or most recent**

|  |  |
| --- | --- |
| Company / Institution: | Address of company / institution: |
| From (mm/yy): | To (mm/yy): |
| Job Title:  | Postcode:  |
| Responsibilities:  |

**Previous**

|  |  |
| --- | --- |
| Company / Institution: | Address of company / institution: |
| From (mm/yy): | To (mm/yy): |
| Job Title:  | Postcode:  |
| Responsibilities:  |

**Previous**

|  |  |
| --- | --- |
| Company / Institution: | Address of company / institution: |
| From (mm/yy): | To (mm/yy): |
| Job Title:  | Postcode:  |
| Responsibilities:  |

**Previous**

|  |  |
| --- | --- |
| Company / Institution: | Address of company / institution: |
| From (mm/yy): | To (mm/yy): |
| Job Title:  | Postcode:  |
| Responsibilities:  |

**CLINICAL**

**Present or most recent**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| From mm/yy | To mm/yy | Institution | Job title | Full time or Sessions/wk |
|  |  |  |  |  |
| Supervisors e.g. Consultants |  |
| Continuing Care |  |
| Emergency take & frequency |  |
| Specific procedures learned |  |
| Outpatient / Specialty Clinics |  |
| Experience of prescribing |  |

**Previous**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| From mm/yy | To mm/yy | Institution | Job title | Full time or Sessions/wk |
|  |  |  |  |  |
| Supervisors e.g. Consultants |  |
| Continuing Care |  |
| Emergency take & frequency |  |
| Specific procedures learned |  |
| Outpatient / Specialty Clinics |  |
| Experience of prescribing |  |

**Previous**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| From mm/yy | To mm/yy | Institution | Job title | Full time or Sessions/wk |
|  |  |  |  |  |
| Supervisors e.g. Consultants |  |
| Continuing Care |  |
| Emergency take & frequency |  |
| Specific procedures learned |  |
| Outpatient / Specialty Clinics |  |
| Experience of prescribing |  |

**Previous**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| From mm/yy | To mm/yy | Institution | Job title | Full time or Sessions/wk |
|  |  |  |  |  |
| Supervisors e.g. Consultants |  |
| Continuing Care |  |
| Emergency take & frequency |  |
| Specific procedures learned |  |
| Outpatient / Specialty Clinics |  |
| Experience of prescribing |  |

**Previous**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| From mm/yy | To mm/yy | Institution | Job title | Full time or Sessions/wk |
|  |  |  |  |  |
| Supervisors e.g. Consultants |  |
| Continuing Care |  |
| Emergency take & frequency |  |
| Specific procedures learned |  |
| Outpatient / Specialty Clinics |  |
| Experience of prescribing |  |

**Additional / Non-training posts (if relevant)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| From mm/yy | To mm/yy | Institution | Job title | Full time or Sessions/wk |
|  |  |  |  |  |
| **Responsibilities:** |

**TEACHING EXPERIENCE (if relevant)**

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**PUBLICATIONS (if relevant)**

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**OTHER INFORMATION (if relevant)**

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