Far North Queensland HREC *(EC00157)*

# Abbreviated Curriculum Vitae (CV) for Research Applications

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|  |  |
| Full Name: |  |
| Profession: |  |
| Current Employer and Affiliation: |  |
| Current Role / Position: |  |

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| --- | --- |
|  |  |
| Address: |  |
| Contact Number: |  |
| Email: |  |

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| --- | --- |
|  |  |
| Study Location: |  |
| Contact Number: |  |
| Email: |  |

|  |  |  |
| --- | --- | --- |
| Education: | | |
| University | **Degree** | **Year Completed** |
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| --- | --- | --- | --- | --- |
| Registration and Credentialing: | | | | |
| AHPRA / Registration Number: |  | | **State:** |  |
|  |  | | | |
| Credentialed: | 🞏 Yes 🞏 No | **Expiry Date:** | |  |
| Credentialed for: |  | | | |

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| --- | --- | --- |
| Professional Experience / Other related training: | | |
| Institution | **Medical Field** | **Year Completed** |
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| --- | --- | --- | --- |
| Research Experience relevant to this project: | | | |
| Therapeutic Area | **Type of trial** | **Stage / Phase** | **Status**  ***(Eg. Completed / Ongoing)*** |
|  |  |  |  |
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| Other Information: |  |
|  | |
|  | |

By signing this document, I confirm that the information provided above is accurate and reflects my current employment and qualifications relevant to the research application.

**Signature:**

**Date:**