**RESUME FOR UK CLINICAL OBSERVER PROGRAMME**

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| **Personal Information** | |
| Name |  |
| Medical Speciality |  |
| Gender |  |
| Date of Birth (DD/MM/YY) |  |
| Passport Number |  |
| Home Address |  |
| Home Phone Number |  |
| Mobile Number |  |
| Email Address |  |

Learning Objectives Please state your learning objectives I.e. observing certain medical procedures, practices, working within certain specialty departments.

Please be specific so we can work towards meeting your objectives.

We will discuss your objectives with you before you arrive and as your progress through the programme.

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| **LEARNING** **OBJECTIVES** |
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| **EDUCATION** | | | |
| DATE | INSTITUTION | MAJOR | DEGREE |
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| **TRAINING COURSES** | | | | |
| DATE | TRAINING ORGANISATION | COURSE NAME | LOCATION | CERTIFICATE |
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| **LANGUAGE SKILLS** | | | |
| LANGUAGE 1 | CERTIFICATE | INSTITUTION | DATE |
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| LANGUAGE 2 | CERTIFICATE | INSTITUTION | DATE |
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| **WORK EXPERIENCE** | | | | |
| DATE | CORPORATION | DEPARTMENT | POSITION | TITLE |
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| **CURRENT HOSPITAL INFORMATION** | |
| Hospital Name |  |
| Address |  |
| Office Phone Number |  |
| Department |  |

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| **SKILLS DESCRIPTION** |
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| **PROFESSIONAL ACHIEVEMENTS** |
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| **DESCRIBE YOUR CURRENT JOB**  i.e. Working Day / Experiences you have had in your present role |
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| **OTHER SPECIALITIES**  It may be possible for you to observe in other departments also. Please list other speciality departments you would like to experience.  Note: we cannot guarantee you will be able to observe in other departments as well. |
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