**CURRICULUM VITAE**

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | **NAME:** |  | **2. GENDER:** MALE / FEMALE |
| **3.** | **DATE OF BIRTH:** |  | **4. PASSPORT NO.:**  |
| **5.** | **NATIONALITY:** |  |
| **6.**  | **ADDRESSES** |  |
|  | a. | Current Residence: |  |
|  |   | Personal Phone: |  |
|  |  | Personal Email: |  |
|  | b. | Work Address: |  |
|  |   | Work Phone: |  |
|  |  | Work Email: |  |
| **7.** | **EDUCATION QUALIFICATION** (starting with highest qualification) |
|  | a.  | Qualification & Year Awarded |  |
|  |  | Institution & Country |  |
|  | b.  | Qualification & Year Awarded |  |
|  |  | Institution & Country |  |
|  | c.  | Qualification & Year Awarded |  |
|  |  | Institution & Country |  |
| **8.** | **TRAINING** in the last 4 years (starting with most current) |
|  | a.  | Name of training & Dates |  |
|  |  | Institution & Country |  |
|  | b.  | Name of training & Dates |  |
|  |  | Institution & Country |  |
|  | c.  | Name of training & Dates |  |
|  |  | Institution & Country |  |
| **9.** | **PROFESSIONAL /EMPLOYMENT HISTORY** for the past 10 years (starting from the most current) |
|  | a.  | From date – Present |  |
|  |  | Current Employer |  |
|  |  | Current Position |  |
|  |  | Position Description |  |
|  | b.  | From date – date |  |
|  |  | Employer |  |
|  |  | Position |  |
|  |  | Position Description |  |
| **10.** | **ENGLISH LANGUAGE SKILLS** (please ✓ tick appropriate box) |

|  |  |  |  |
| --- | --- | --- | --- |
| COMPETENCY | BASIC | INTERMEDIATE | ADVANCED |
| Reading |  |  |  |
| Writing  |  |  |  |
| Speaking |  |  |  |

|  |  |
| --- | --- |
| **11.** | **RETURN TO WORK PLAN (Please use additional pages if required)** |
|  | a. | What learning, skills and knowledge will I gain from this Fellowships Program? |
|  | b. | How will I use these new learnings, skills and knowledge in my work when I return? |

|  |  |
| --- | --- |
| **12.** | **ADDITIONAL INFORMATION** |
|  | Will you require additional assistance or assistive devices to participate in the Fellowship program/activities (e.g. for fellows who are visually or hearing impaired, have restrictions on their mobility, may require a personal assistant or assistance equipment, etc)? |
| **13.** | **DECLARATION** |
|  | I declare that the above CV details are true and that I meet the eligibility criteria for the AA Fellowships program. |
|  | NAME & SIGNATURE DATE |

|  |
| --- |
| **FOR AUSTRALIAN HOST ORGANISATION REPRESENTATIVE**I declare that the above CV has been reviewed and that the nominated Fellow meets AA Fellowship eligibility requirements.NAME & SIGNATURE DATE |