**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 |