**CV MSF**

**General Practitionner**

**Outside Europe Cursus**

**PERSONAL DETAILS**

**Family name**:

**First name** :

sex: □ male □ female

Nationality:

Date of birth:

e-mail address :

Phone number: Mobile phone:

**MEDICAL TRAINING**

**Diploma :**

(Including the diploma of general medicine and any other medical training certificates: pediatry, ETAT (emergency triage assessment and treatment), public health, tropical medicine…)

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| **Date of obtention** | **Name of the diploma** | **Institution** | **City / country** |
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**Medical registration number/License number in your country:**

**Trainings :**

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| **Type** | **Start finish** | **Duration** | **Tasks/activities and responsibilities**(nb and types of patients, pathology, on call duties, if any alone or supervised… ) | **Name of the professor or of the general Dr.** | **Structure****(name and type of structure)** | **Town/ Country** |
| Pediatrics |  |  |  |  |  |  |
| Neonatalogy |  |  |  |  |  |  |
| Gynecology |  |  |  |  |  |  |
| Obstetric |  |  |  |  |  |  |
| General infectious diseases and/or tropical (specify) |  |  |  |  |  |  |
| General Medicine |  |  |  |  |  |  |
| Visceral Surgery |  |  |  |  |  |  |
| Orthopedic Surgery |  |  |  |  |  |  |
| Traumatology |  |  |  |  |  |  |
| Emergencies |  |  |  |  |  |  |
| Resuscitation- Intensive care |   |  |  |  |  |  |

**EMPLOYMENT HISTORY SUMMARY**

Please complete with most recent post and give only a brief description of your role

**General Medicine history**

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| **Date****start & finish**  | **Function**(Name of position and service) | **Tasks/activities and responsibilities of the position**(nb and types of patients, pathology, nursing team supervision…) | **Structure**(name and structure type) | **Town/country** |
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**Other professional activities**

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| **Dates****start – finish** | **Function**(Name of position and service) | **Tasks/activities and responsibilities of the position**(nb and type of patients, pathology, nursing team supervision…) | **Structure**(name and type of structure) | **Town / Country**  |
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**SKILLS/CLINICAL AND TECHNICAL EXPERIENCES**

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| **Skills/Experiences** | **Years** **of experience** | **Theoretical knowledge** ONLY | **Theoretical training and Practical experience** | **Operational to go in the field**(please specify when you last practised) | **Expert**(able to train others in the field) |
| Paediatrics\* |  |  |  |  |  |
| Neonatalogy\* |  |  |  |  |  |
| Severe malnutrition |  |  |  |  |  |
| Severe malaria |  |  |  |  |  |
| Tropical infectious diseases |  |  |  |  |  |
| HIV/AIDS |  |  |  |  |  |
| Meningitis |  |  |  |  |  |
| General Medicine (adults) |  |  |  |  |  |
| Geeral Medicine (children) |  |  |  |  |  |
| Gynecology |  |  |  |  |  |
| Normal childbirth including delivery of the placenta |  |  |  |  |  |
| Cesarean Section |  |  |  |  |  |
| Small Surgery |  |  |  |  |  |
| Emergencies |  |  |  |  |  |

\* Skills for a General Practitionner are not expected to be equivalent to those of a pediatrician specialist with skills in neonatalogy/resuscitation. However relevant experiences in these fields are highly appreciated.

**MISCELLANEOUS**

**Publications and communications**

**Foreign languages**

**French :** level □ basic □ intermediate □ advanced □ fluent

**English :** level □ basic □ intermediate □ advanced □ fluent

**Others :** 1.□ basic □ intermediate □ advanced □ fluent

 2. □ basic □ intermediate □ advanced □ fluent

**Referees :**

Please list the name, position and contacts of three colleagues available to give is information on your personnal and professional skills:

**Name:**

Position:

Professional address:

Email address:

Phone number:

**Name:**

Position:

Professional address:

Email address:

Phone number:

**Name:**

Position:

Professional address:

Email address:

Phone number: