**Medical Training Initiative**

**CV Template**

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| **Personal details** | | | | | | | | | | | | | | |
| **Name** | |  | | | | | | **Email** | | |  | | | |
| **RCP code:**  *(If you don’t have an RCP code or don’t know your code, please also complete the personal details below)* | | | | | | | | | | | | | | |
| Nationality | |  | | | | | | Date of Birth | | |  | | | |
| Telephone | |  | | | | | | Gender | | |  | | | |
| Address | |  | | | | | | | | | | | | |
| **Qualifications** | | | | | | | | | | | | | | |
| Title of qualification (e.g., MBBS, MD, MRCP Part 1, etc.) | | | | Specialty | | Date obtained | | | Awarding body (name of universities, medical schools, or professional bodies) | | | | | Country |
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| **IELTS/OET results** | | | | | | | | | | | | | | |
| IELTS/OET | | | Date obtained | | Listening grade | | Reading Grade | | | Writing Grade | | Speaking Grade | Overall (IELTS only) | |
| *Enter test taken here* | | |  | |  | |  | | |  | |  |  | |
| **PLAB** | | | | | | | | | | | | | | |
| Have you taken and failed the PLAB exam? **Yes/No** (if yes, please give details below) | | | | | | | | | | | | | | |
| PLAB test date | Result (Pass/Fail) | | | | | | | | | | | | | |
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| **Career plan / personal statement (max. 100 words)**  **Please include your answer to the following question:** If your MTI application is approved, what is your plan after completing your MTI training? | | | | | | | | | | | | | | |
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| **Teaching Experiences (if any)** | | | | | | | | | | | | | | |
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| **Courses, conferences, and meetings (optional)** | | | | | | | | | | | | | | |
| **Date** | **Details of courses/conferences/meetings** | | | | | | | | | | | | | |
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| **Honours and prizes (optional)** | | | | | | | | | | | | | | |
| **Date** | **Awards/honours/prizes** | | | | | | | | | | | | | |
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| **Personal interests (optional, max 100 words)** | | | | | | | | | | | | | | |
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| **References** | | | | | | | | | | | | | | |
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