

Colonel AMS Reserves/FR20/02
 AMS HQ RES
 DATED 25 May 21 vs1.1

**ARMY MEDICAL SERVICES RESERVES (AMS RES)
 GENERIC CURRICULUM VITAE PROFORMA**

This generic CV is to be completed in full to provide the necessary detail to process your application. Incomplete, inaccurate or non verified information may result in your application being delayed. Please take your time and complete the CV template electronically to facilitate transfer by email.

In accordance with the Data Protection Act 1998, the Ministry of Defence will collect, use protect and retain the information provided in connection with all matters relating to personnel administration and policies. This information will be used in order to process individual commissioning applications, assessing appropriate rates of pay, assessment of professional qualifications and assessing suitability for mobilisation. The information contained will only be disclosed to individuals whose duty requires them to process such applications.

PERSONAL DETAILS

Army Number (if applicable):		Rank/Title:		Unit:	
Full Name:				Known As:	
Private Address:					
Postcode:		Do you hold a full driving Licence?			
Future Civilian Employment Location:					
Telephone number (daytime):			Mobile Number:		
Email:		DOB:		Age:	
Gender:					
GENERAL INTERESTS <i>Please list your sports & hobbies</i>					
GENERAL EDUCATION <i>Please provide evidence in the form of certificates</i>					
School:					
Qualifications: <i>GCSE/SCE or equivalent</i>					

	Dates attended School:		
	College:		
	Qualifications: <i>AS/A2 Level/SCE/Higher/GNVQ/BTEC/ Baccalaureate</i>		
	Dates attended College:		
	University:		
	Qualifications:		
	Dates attended University:		
	Workplace Training:	<i>Are you subject to workplace based assessments? If so please include copies with your CV (*delete as applicable).</i>	YES

PROFESSIONAL QUALIFICATIONS

For each give awarding Body, Level of study and date. Please provide evidence in the form of certificates.

1.		Date:	
2.		Date:	
3.		Date:	
4.		Date:	
5.		Date:	
6.		Date:	

PROFESSIONAL REGISTRATION

Please provide evidence of Professional Registration

Professional Registration No. i.e. GMC: 1234567 NMC: 67L1123D, HCPC: PH12345		Date of Registration:	
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Comments

CERTIFICATE OF COMPLETION OF TRAINING (CCT)

Please attach a copy of your CCT

Date of Entry onto the Specialist Register (Medical Officer applicants only)	
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PROFESSIONAL APPRAISAL AND REVALIDATION

Have you undertaken an appraisal (*delete as applicable):		Date:	
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PROFESSIONAL/DISCIPLINARY INVESTIGATION			
<p>Are you the subject of any professional or disciplinary investigations by either employer or professional body? (*delete as applicable):</p>			No
CIVILIAN PROFESSIONAL COURSES ATTENDED <i>Please list and date any civilian courses you may have attended and provide evidence to support.</i>			
MILITARY EXPERIENCE <i>Please list any previous military experience you may have, to include dates enlisted/commissioned.</i>			
MILITARY QUALIFICATIONS <i>Please list any military qualifications you may have.</i>			

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APPOINTMENTS:

Please ensure you include dates (month/year) for all activities/trg undertaken within each appointment/specialisation. Applicants on rotational posts must annotate 'Rotational Post' in the title box.

CURRENT APPOINTMENT

Title:			
Employers Name, Address and Postcode:			
Date commenced:		Date finished:	
Description of your job, what does it entail?			
What Contract are you currently working under? Place an 'X' in the respective box.		Give details of contract hours and clinical area etc.	
Full Time:			
Part Time:			
Agency:			
Bank:			
Other – Please specify:			

If you are involved in management or other non-clinical activity, please indicate how much clinical work you do per week/month.

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PREVIOUS APPOINTMENTS

Please list your previous appointments in chronological order starting with the most recent. Rotational posts must be annotated 'Rotational Post' in the title box. Include month and year from and to dates.

Post Title:	
Address:	
Dates:	
Description:	
Details:	

Post Title:	
Address:	
Dates:	
Description:	
Details:	

Post Title:	
Address:	
Dates:	
Description:	
Details:	

Post Title:	
Address:	
Dates:	
Description:	
Details:	

PERSONAL STATEMENT/PROFILE (500) words <i>Use this section to showcase information about you; your personality, experience, achievements and what you can offer the AMS Reserves.</i>	
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ADDITIONAL INFORMATION

Use this section for information such as meetings or training attended, audit, research or publications etc. (include Clinical & Non-Clinical). Please include any Extra-Curricular activities, responsibilities and achievements.

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REFEREES:

Candidates are to provide 2 referees covering at least the last four years; one of which must be from their current clinical employment and is to be a Clinical Line Manager. Students should use their Senior tutor.

Referee One: MUST be the current employer Professional or Clinical Line Manager. (Details of professional Appraisal and Re-Validation will be requested where relevant).

Name and Professional status/Title:			
Address including Postcode:			
Email:		Telephone Number:	

Referee Two: MUST have known the subject for a period of 4 years or more and be of professional standing eg: Lawyer, Doctor, Teacher, Policeman, Commissioned Officer.

Name and Professional status/Title:			
Address including Postcode:			

Email:		Telephone Number:	

Applicant’s Declaration:

I certify that at the time of completing this CV I have no pending disciplinary or professional action being taken against me

Signature:

(Signed Electronically)

CONFIRMATORY CHECK: (NRC to complete)

1. I confirm that the candidate’s professional registration number has been checked, is correct and is current.
2. I confirm that the candidate’s References have been checked and verified.

Rank:

Name:

Date:

PUID Signature: ----- *(Signed Electronically)*