EUROBACT II INVESTIGATOR CURRICULUM VITAE*(two pages maximum)*

|  |  |
| --- | --- |
| **NAME / SURNAME** |  |
| **ENGLISH LEVEL \****(professional use)* |  | Beginner | Intermediate | Proficient | **Comments***(if any)***:**  |
| Spoken | ☐ | ☐ | ☐ |
| Read | ☐ | ☐ | ☐ |
| Written | ☐ | ☐ | ☐ |
| **STUDY LOCATION** *(Name and address of the hospital/ICU where the study will be conducted* |  |
| **BUSINESS PHONE NUMBER** |  |
| **PROFESSION** |  |
| **PROFESSIONAL LICENCE** ***\**** |  Expiration date *(if applicable)* ***\****: |
|  |
| **EDUCATION D**etails of Main Degrees Obtained *(****D****ate -* ***N****ame &* ***L****ocation of* ***S****chool –* ***U****niversity –* ***I****nstitution …..)* |
| **MAIN POST-GRADUATE TRAINING OR SPECIALITIES** **D**etails of any medical Specialties or Degrees *(****D****ate -* ***N****ame &* ***L****ocation of School –* ***U****niversity –* ***I****nstitution …..)* |
|  |
| **Training in****International GCP\*\*** **and Local** **GCP / Regulations** **If** Yes provide details here **If** No tick ☐ | **Year**  | **Description*****N****ame of training provider –* ***S****hort summary of topic covered -* ***T****ype of training (e.g.: Face to face, web training…) –* ***D****etails of recorded training should be provided on demand.* | **Certificate available?***(Yes - No)* |
|  |  |  |
|  |
| **PROFESSIONAL EXPERIENCE****Main previous positions*****T****itle -* ***D****ate -* ***N****ame &* ***L****ocation of Institution***Current position***(or activity)* ***T****itle -* ***D****ate of start -* ***N****ame &* ***L****ocation of Institution* |
|  |
| **CLINICAL RESEARCH EXPERIENCE (*Latest trials performed)* - *T****herapeutic Areas* ***/* *D****iseases –* ***D****ates –* ***P****hases -* ***I****f "On Going” (OG) –* ***D****uties performed or position held for each study.* |
|  |  |

*\* According to your country*

*\*\* GCP: Good clinical practice: https://ichgcp.net/*

**DATE SIGNATURE**