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**