

Professional postgraduate experience form

General
Medical
Council

- Account for all work experience and other activities within the last five years
- All dates must be recorded as **dd/mm/yyyy**
- **Do not** leave any gaps between entries

Examples of other activities are:

- Clinical attachments and observerships
- Non-medical employment
- Research
- Unemployment
- Maternity/paternity leave – contractual
- Maternity/paternity leave – unpaid/non-contractual
- Study leave
- Vacation
- Career break

Personal details

Title (Dr, Mr, Ms, Mrs, etc.)	
Family name or surname	
First name	

Declaration

The information I have provided on the professional postgraduate experience form is correct and true.

Signature		Date	D D M M 2 0 Y Y
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Details of experience in the last five years

Start date	Finish date	Name and location of medical employer or details when not engaged in clinical practice	Country	Engaged in medical practice?	Grade/Title of post	Specialty	PT/FT	Hours of clinical practice per week
DD/MM/YYYY	DD/MM/YYYY							
DD/MM/YYYY	DD/MM/YYYY							
DD/MM/YYYY	DD/MM/YYYY							
DD/MM/YYYY	DD/MM/YYYY							
DD/MM/YYYY	DD/MM/YYYY							
DD/MM/YYYY	DD/MM/YYYY							
DD/MM/YYYY	DD/MM/YYYY							
DD/MM/YYYY	DD/MM/YYYY							
DD/MM/YYYY	DD/MM/YYYY							
DD/MM/YYYY	DD/MM/YYYY							
DD/MM/YYYY	DD/MM/YYYY							
DD/MM/YYYY	DD/MM/YYYY							
DD/MM/YYYY	DD/MM/YYYY							
DD/MM/YYYY	DD/MM/YYYY							

Details of experience in the last five years (continued)

Start date	Finish date	Name and location of medical employer or details when not engaged in clinical practice	Country	Engaged in medical practice?	Grade/Title of post	Specialty	PT/FT	Hours of clinical practice per week
DD/MM/YYYY	DD/MM/YYYY							
DD/MM/YYYY	DD/MM/YYYY							
DD/MM/YYYY	DD/MM/YYYY							
DD/MM/YYYY	DD/MM/YYYY							
DD/MM/YYYY	DD/MM/YYYY							
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DD/MM/YYYY	DD/MM/YYYY							