**CV MSF**

**Nurse**

**Date :**

**PERSONAL DETAILS**

**Last name**: **First name**:

**Date of birth :**

*Dear colleagues, please be objective and precise. Be as accurate as possible.*

**MEDICAL TRAINING**

**Diploma**

Including registered nurse diploma and any other medical training certificates.

|  |  |  |  |
| --- | --- | --- | --- |
| **Precise date obtained**  | **Title of diploma** | **Institution** | **City and Country**  |
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**EMPLOYEMENT HISTORY**

Please start with most recent post first.

**Professional experience as a nurse.**

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| --- | --- | --- | --- |
| **Date (start & finish)** | **Institution / City / Country** | **Services** | **Tasks / Activities**  |
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 **Additional experience outside of the health care sector (only significant experience)**

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| --- | --- | --- | --- |
| **Date (start & finish)** | **Institution / City / Country** | **Function** | **Tasks / Activities** |
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**Volunteering experience**: yes / no

Please specify (function/ number of years)

**ABILITIES / APTITUDES REQUIRED**

*Please put an "x" in the corresponding box.*

**Basic care :**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Competencies/****Experiences** | **Theoretical knowledge** ONLY | **Theoretical training and Practical experience** | **Comfortable to practice in the field** | **Expert**(able to train others in the field) |
| ECG (electrocardiogram) |  |  |  |  |
| Use of HemoCue |  |  |  |  |
| Use of electric syringe pump  |  |  |  |  |
| Patient handover  |  |  |  |  |
| Manual ventilation with BVM (bag-valve-mask)  |  |  |  |  |
| End of life care |  |  |  |  |
| Emergency care management of burned patients  |  |  |  |  |
| Emergency care management of traumatic wounds  |  |  |  |  |
| Management of chronic / complex wounds  |  |  |  |  |
| Emergency care for psychiatric patients  |  |  |  |  |
| Cardiopulmonary arrest management  |  |  |  |  |
| Isolated patient management  |  |  |  |  |
| Dose calculations |  |  |  |  |

**Specific care:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Competencies/****Experiences** | **Theoretical knowledge** ONLY | **Theoretical training and Practical experience** | **Comfortable to practice in the field** | **Expert**(able to train others in the field) |
| Noninvasive ventilation (CPAP) |  |  |  |  |
| Tuberculosis / HIV management  |  |  |  |  |
| Global transfusion management |  |  |  |  |
| Burned inpatient care |  |  |  |  |
| Casts / splints fracture treatment  |  |  |  |  |
| Triage  |  |  |  |  |
| Pediatric emergency management  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Competencies/****Experiences** | **Yes** | **No** | **Specify** |
| Experience in vaccination |  |  |  |
| Experience in reproductive health  |  |  |  |
| Care of victims of violence  |  |  |  |
| Mass patient management  |  |  |  |

**Care organization :**

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| --- | --- | --- | --- |
| **Activity** | **Never** | **Occasionally**  | **Daily**  |
| Training / oversight |  |  |  |
| Roster planning  |  |  |  |
| Development of service protocols |  |  |  |
| Acting as supervisor  |  |  |  |
| Participation in mortality / morbidity review |  |  |  |
| Writing reports  |  |  |  |
| Pharmacy management |  |  |  |
| Participation in committee (hygiene…) |  |  |  |

**Computer skills:**

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| --- | --- | --- | --- |
|  | **Beginner** | **Independent user**  | **Expert, able to train others** |
| **Word** |  |  |  |
| **Excel** |  |  |  |
| **Powerpoint** |  |  |  |
| **Outlook**  |  |  |  |

**MISCELLANEOUS**

Participation in events (conferences…) , specify numbre of participations :