**Name & Family name**

**Date of birth**  **Nationality**

**Qualifications with dates:**

**Registration & Training:**

Medical licence registration number:

Date completed higher speciality training:

Higher specialist registration in: [speciality]

**Current position and date appointed:**

**Summary of responsibilities**:

**Previous positions**

*Please list your precious positions with dates. Please note that you are not required to list all of the responsibilities of each post:*

**Summary of Training and Experience in BMT/Cellular Therapy**:

*Briefly describe your training and experience in each BMT/Cellular Therapy unit where you have worked, noting numbers and type of transplants done at each*

**Ongoing Educational Activities in BMT/Cellular Therapy**

*e.g. member of EBMT WP or Subcommittee; BMT/Cellular Therapy-related meetings attended in last 2 years*

**Selected publications**

*Please give BMT/Cellular Therapy -related publications for up to the past 5 years*