

**Request Form for GCP Training / Workshop**

Note: This form should be submitted to PCRP at least 8 weeks prior to proposed / requested date of training.

|  |  |
| --- | --- |
| Name of Requestor / Coordinator:   |  |
| Name of Institution / Medical Society:  |  |
| Complete address of Institution:  |  |
| Contact Details: Tel #  |  |
|  Mobile # |  |
|  Fax # |  |
| Email address of Coordinator: |  |
| Date of GCP Training:Training session: 8:00 am – 5 :00 pm | Option 1 : Option 2 :  |
| Venue of Training: * room # / floor level / building name / complete address
* For online, please provide details.
 |  |
| Objectives / Purpose : (Please check / fill-up with details.) | [ ] To conduct Basic / Refresher Course GCP Training [ ] To comply requirements for GCP / conduct of clinical trial[ ] To comply requirements for hospital accreditation[ ] To comply requirements for Epidemiology / Research / Residency / Fellowship research paper[ ] Other purpose, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Target # of attendees: (Please check.) | [ ] 15 - 20 persons [ ] 20 - 25 persons [ ] 25 - 30 persons [ ] 30 - 35 persons [ ] 35 - 40 persons [ ] 40 - 50 persons\* [ ] For online, please specify \_\_\_ person\*We may need to divide the group into 2 sessions. |
| Profile of attendees: (Please check / fill-up with details.) | [ ] Consultants / Specialists [ ] Nurses[ ] Residents / Fellows [ ] Pharmacists[ ] EC / IRB personnel [ ] Lab personnel [ ] Others, please specify (i.e. particular dept. / therapeutic area): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Clinical Trial Experience | [ ] ALL with ongoing/previous participation or experience in Clinical Trials[ ] No Clinical Trial experience[ ] Mixed (some with CT experience while some none)  |
| * Requested date of training is subject to approval / availability of PCRP Scientific Affairs Committee / Speakers Bureau.
* Requesting party is responsible for printing the hand-outs / materials / training certificates for the participants.
* Requesting party is responsible for the provision of meals (AM / PM snacks / Lunch) for participants / speakers (if applicable) and for other logistical requirements (i.e laptop / LCD projector / laser pointer / whiteboard or flipchart/s with pens, classroom / training room set-up, sound system or online training platform, if online)
* PCRP requests maximum of 10 slots be made available for attendees from PCRP during the training.
* Once request is received by PCRP, please allow PCRP to schedule the training in 2-3 months. If your request is urgent, please communicate with Karen Dela Cruz (KarenAnnMarieDela.Cruz@iqvia.com)
* PCRP does not charge nor will accept any monetary compensation for speakers engaged in the facilitation of training.
 |
| **Submitted by :****Printed Name / Signature** |  **Date (dd / mm / yyyy)** |
| **Received by : (PCRP representative)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Printed Name / Signature** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date (dd / mm / yyyy)** |

*Kindly forward the completed form to* ***Karen Dela Cruz***  *(Scientific Affairs Committee, PCRP) through email : KarenAnnMarieDela.Cruz@iqvia.com*