

**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.

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| 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*