# Good Clinical Practice Training

2019

## R E G I S T R A T I O N F O R M (Version 2.1 issued 08.01.2019)

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| Title: Prof/Dr/Mrs/Mr/Miss/Ms | Name: |  |

**PLEASE WRITE CLEARLY AS THIS NAME WILL APPEAR ON YOUR CERTIFICATE OF ATTENDANCE AND PROVIDE US WITH CURRENT CONTACT DETAILS**

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| Department: | | |  | | |
| Address: | | |  | | |
| Postcode: | | |  | | |
| Tel: |  | | | Fax: |  |
| Email: | |  | | | |

#### I WOULD LIKE TO ATTEND THE GCP COURSE ON: (please tick)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **February 2019** | |  | **Start Time** | | **End time** | | **Tick here** | |  |  |  |  |  |  |  | |
| Monday | 11th | am | 8 | 30 | 12 | 30 |  |  | Clinical School, SR03 | | | | **Full session 4 hrs\*** | | |  |
| Monday | 11th | pm | 13 | 30 | 16 | 00 |  |  | Clinical School, SR03 | | | | **Refresher 2.5 hrs** | | |  |
| Tuesday | 12th | am | 8 | 30 | 12 | 30 |  |  | Clinical School, SR02 | | | | **Full session 4 hrs\*** | | |  |
|  | | |  | |  | |  | |  |  |  |  |  |  | |  |
| **April 2019** | | |  | |  | | **Tick here** | |  |  |  |  |  |  | |  |
| Monday | 29th | am | 8 | 30 | 12 | 30 |  |  | Clinical School, SR19 | | | | **Full session 4 hrs\*** | | |  |
| Monday | 29th | pm | 13 | 30 | 16 | 00 |  |  | Clinical School, SR19 | | | | **Refresher 2.5 hrs** | | | |
| Tuesday | 30th | am | 8 | 30 | 12 | 30 |  |  | Clinical School, SR10 | | | | **Full session 4 hrs\*** | | | |
| Tuesday | 30th | pm | 14 | 00 | 16 | 00 |  |  | Clinical School, SR10 | | | | **GCP Awareness 2 hrs** | | | |
|  | |  |  | |  | |  | |  |  |  |  |  |  | |  |
| **June 2019** | |  |  | |  | | **Tick here** | |  |  |  |  |  |  | |  |
| Monday | 24th | am | 8 | 30 | 12 | 30 |  |  | Clinical School, SR19 | | | | **Full session 4 hrs\*** | | |  |
| Monday | 24th | pm | 13 | 30 | 16 | 00 |  |  | Clinical School, SR19 | | | | **Refresher 2.5 hrs** | | |  |
| Tuesday | 25th | am | 8 | 30 | 12 | 30 |  |  | Clinical School, SR10 | | | | **Full session 4 hrs\*** | | |  |
| Tuesday | 25th | pm | 13 | 30 | 16 | 00 |  |  | Clinical School, SR10 | | | | **Lab session 2.5 hrs** | | |  |
|  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |
| **September 2018** | |  |  |  |  |  | **Tick here** | |  |  |  |  |  |  | |  |
| Monday | 23rd | am | 8 | 30 | 12 | 30 |  |  | Deakin Centre, Room 11 | | | | **Full session 4 hrs\*** | | |  |
| Monday | 23rd | pm | 13 | 30 | 16 | 00 |  |  | Deakin Centre, Room 11 | | | | **Refresher 2.5 hrs** | | |  |
| Tuesday | 24th | am | 8 | 30 | 12 | 30 |  |  | Deakin Centre, Room 11 | | | | **Full session 4 hrs\*** | | |  |
| Tuesday | 24th | pm | 13 | 30 | 16 | 00 |  |  | Deakin Centre, Room 11 | | | | **TBC** | | |  |
|  | | |  |  |  |  |  | |  |  |  |  |  |  | |  |
| **November 2018** | | |  |  |  |  | **Tick here** | |  |  |  |  |  |  | |  |
| Monday | 25th | pm | 8 | 30 | 12 | 30 |  |  | Deakin Centre, Room 11 | | | | **Full session 4 hrs\*** | | |  |
| Monday | 25th | pm | 13 | 30 | 16 | 00 |  |  | Deakin Centre, Room 11 | | | | **Refresher 2.5 hrs** | | |  |
| Tuesday | 26th | am | 8 | 30 | 12 | 30 |  |  | Deakin Centre, Room 11 | | | | **Full session 4 hrs\*** | | |  |
| Tuesday | 26th | pm | 13 | 30 | 16 | 00 |  |  | Deakin Centre, Room 11 | | | | **Lab session 2.5 hrs** | | |  |

**The full sessions marked with an \* include a ½ hr Research Governance Training at the beginning of the session.**

**Please note that if a cancellation is made less than 14 days before the course no refund will be made. If you decide that you cannot make the date you booked for, you can transfer your booking to a later date, but please ensure that you inform us so that appropriate arrangements can be made.**

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| **Registration Fee: £60 full session – £ 30 refresher & awareness session - £ 50 Dept specific** **\*\*\* Copy of current GCP certificate (within the last two years) must be attached to the registration form for the refresher course attendees.** | |
|  | Cheque enclosed (payable to: **Cambridge** **University Hospitals NHS Foundation Trust**) |
|  | **For non-CUHNHSFT Attendees,** should you need to have an invoice raised, please give the following details  Budget holder name tel  Email  Full postal address if different from above  ………………………………………………………………………………………………………………………………………………… |
|  | **For MRC and CRUK staff members,** you will need to supply a Purchase Order before we can confirm your place on the training. |
|  | **For CUHNHSFT Attendees only (payment is from internal departmental budget):**  Please complete Transfer of Expenditure request form |

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| **Due to the popularity of these courses, we are unable to confirm your place until payment has been received.** |

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| **Places are limited so please return this form as soon as possible to:**  R&D Department, Box 277, Addenbrooke’s Hospital, Hills Road, Cambridge, CB2 0QQ  E-mail : [sylvie.robinson@addenbrookes.nhs.uk](mailto:sylvie.robinson@addenbrookes.nhs.uk) |

Further information including a programme, directions and other details will be sent to you

at a later date.