# Good Clinical Practice Training

Refresher and Lab GCP sessions live webinars

2020/21

## R E G I S T R A T I O N F O R M

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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**

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

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Refresher Sessions** | | | **Start Time** | | **End Time** | | **Tick here** |  |  |
| **November 2020** | | |  | |  | |  |  |  |
| Tuesday | 17th | am | 9 | 00 | 11 | 00 |  | Live Webinar | 2hrs |
|  | | | | | | | | | |
| **January 2021** | | |  | |  | |  |  |  |
| Thursday | 14th | am | 9 | 00 | 11 | 00 |  | Live Webinar | 2hrs |
|  | | | | | | | | | |
| **March 2021** | | |  | |  | |  |  |  |
| Tuesday | 16th | am | 9 | 00 | 11 | 00 |  | Live Webinar | 2hrs |
|  | | | | | | | | | |
| **May 2021** | | |  | |  | |  |  |  |
| Thursday | 20th | am | 9 | 00 | 11 | 00 |  | Live Webinar | 2hrs |
|  | | | | | | | | | |
| **Lab Sessions** | | | **Start Time** | | **End Time** | | **Tick here** |  |  |
| **December 2020** | | |  | |  | |  |  |  |
| Tuesday | 1st | am | 9 | 00 | 11 | 00 |  | Live Webinar | 2hrs |
|  | | | | | | | | | |
| **April 2021** | | |  | |  | |  |  |  |
| Tuesday | 20th | am | 9 | 00 | 11 | 00 |  | Live Webinar | 2hrs |

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| **Registration Fee: £30** **\*\*\* 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.