# Good Clinical Practice Training

Refresher and Lab GCP sessions live webinars

**2022**

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

|  |  |  |
| --- | --- | --- |
| 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** |  |  |
| **January** |  |  |  |   |   |
| Thursday | 20th  | am |  9 | 00 |  11 | 00  |   |  Live Webinar |  2hrs |
|   |
| **March** |  |  |  |   |   |
| Thursday | 24th | am |  9 | 00 |  11 | 00  |   |  Live Webinar |  2hrs |
|  |
| **July** |   |   |   |   |   |
| Thursday | 7th | am |  9 | 00 |  11 | 00  |   |  Live Webinar |  2hrs |
|  |
| **September** |   |   |   |   |   |
| Thursday | 22nd | am |  9 | 00 |  11 | 00  |   |  Live Webinar |  2hrs |
|  |
| **November** |   |   |   |   |   |
| Thursday | 24th | am |  9 | 00 |  11 | 00  |   |  Live Webinar |  2hrs |
|  |
| **Lab Sessions** | **Start Time** | **End Time** | **Tick here** |  |  |
| **February** |  |  |  |  |  |
| Thursday | 24th | am |  9 | 00 |  11 | 00  |   |  Live Webinar |  2hrs |
|  |
| **June** |  |  |  |  |  |
| Thursday | 23rd  | am |  9 | 00 |  11 | 00  |   |  Live Webinar |  2hrs |
|  |
| **October** |  |  |  |  |  |
| Thursday | 20th  | am |  9 | 00 |  11 | 00  |   |  Live Webinar |  2hrs |

|  |
| --- |
| **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 detailsBudget 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 |

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

|  |
| --- |
| **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 : aslihan.yener2@addenbrookes.nhs.uk   |

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

at a later date.