**Training Referral Form**

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| Type of request | [ ]  Member requesting to participate in training activity[ ]  MMMC-RERC recommending training for member |
| Reason for request | [ ]  Initial training[ ] Update training |
| Name of Member | <Title, Given Name, Surname> |
| Date of First Appointment | <dd/mm/yyyy> |
| College/Institute (and department), as applicable |  |
| Type of training requested | [ ] Good Clinical Practice[ ] Research Ethics[ ] Research Methodology[ ] Standard Operating Procedures[ ] Continuing Ethics Education[ ] Other RERC-Related Activities <specify> |
| Training details | Date: <dd/mm/yyyy>Title:Provider: |
| Details of participation | [ ]  Participant only[ ]  Resource person[ ]  Others: <Specify> |
| Training Cost |  |
| Other sources of funding, if any | Amount: Source:  |
| RECOMMENDED BY  |

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| <Title, Given Name, Surname> and Signature  |
| <position>, MMMC-RERC Date: <dd/mm/yyyy> |

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| COMMITMENT TO ATTEND | I commit to attend the < Title of Training> on <dd/mm/yyyy>, for which attendance I will provide a certificate of completion with the training program or agenda attached.

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| <Title, Given Name, Surname> and Signature  |
| Member, MMMC-RERC <number>Date: <dd/mm/yyyy> |

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| ENDORSED BY: | I endorse the application of <Member> for the <training requested>. I certify that the supporting documents pertaining to the application are authentic and that <Member> has been an active member of the MMMC-RERC since <date of appointment>.

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| <Title, Given Name, Surname> and Signature |
| Chair, MMMC-RERCDate: <dd/mm/yyyy> |

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