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