

# RCORE CLINICAL TRIAL REGULATORY FELLOWSHIP

## PROGRAMME APPLICATION FORM

### ATTENDEE DETAILS

PLEASE COMPLETE IN BLOCK CAPITAL LETTER

Prof.  Dr.  Mr.  Mrs.  Ms.

Last Name

First Name

Institution

Position/Role

Postal Address

Telephone  
(Mobile)

Email\*

Attach the following documents

- Copy of your CV
- Introductory Letter from your National Regulatory Authority(NRA)
- Your personal statement which should include;
  - \* Your motivation for undertaking this Programme
  - \* Skills and experiences relevant to this programme
  - \* How this programme will benefit your future career plans
- Indicate preferred date for participation
  - November 2017 (First session)\*
  - November 2018 (Second session)\*
- Subject to change

Note: Deadline for submission of application is one month prior to scheduled date of programme

By Signing below, I confirm that I agree with FDA's Terms and Conditions of attendance

\* (Required for Confirmation)

<b>Signature</b>	<b>Date</b>
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All cancellations must be made in writing and must be received at the FDA Head Office for at least ten (10) working days prior to the event start date.

#### Transfer Policy

You may transfer your registration to a colleague prior to the start of the event. Please notify the FDA office of any such substitutions as soon as possible.

#### Photography Policy

By attending the event, you give permission for image of you, captured during the conference through video, photo, and/or digital camera, to be used by FDA in promotional materials, publications, and website.