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*

* (Required for Confirmation)

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

Signature

Date

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

Note: Deadline for submission of application is two months prior to scheduled date of programme (6th - 31st August, 2018)

All cancellations must be made in writing and must be received at the FDA Head Office for at least fifteen (15) 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.