

# 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

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

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

\* (Required for Confirmation)

**Signature**

**Date**

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.