# Good Clinical Practice Training

Refresher and Lab GCP sessions live webinars

**2023**

## R E G I S T R A T I O N F O R M

|  |  |  |
| --- | --- | --- |
| Title: Prof/Dr/Mrs/Mr/Miss/Ms | Name: |  |

**PLEASE WRITE CLEARLY AS THIS NAME WILL APPEAR ON YOUR CERTIFICATE OF ATTENDANCE AND PROVIDE US WITH CURRENT CONTACT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Department: |  | | |
| Address: |  | | |
| Postcode: |  | | |
| Tel: |  | Fax: |  |
| Email: |  | | |

#### I WOULD LIKE TO ATTEND THE GCP COURSE LIVE WEBINAR ON: (please tick)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Full Course Session** | | | **Start Time** | | | **End Time** | | | | **Tick here** |  |  |
|  | | | | | | | | | | | | |
| **June** | | |  | | |  | | | |  |  |  |
| Thursday | 8th | am | 9 | 00 | | 13 | 00 | | |  | On Campus | 4hrs |
|  | | | | | | | | | | | | |
| **October** | | |  | | |  | | | |  |  |  |
| Tuesday | 17th | am | 9 | 00 | | 13 | 00 | | |  | On Campus | 4hrs |
|  | | | | | | | | | | | | |
| **Refresher Session** | | | **Start Time** | | | **End Time** | | | | **Tick here** |  |  |
|  | | | | | | | | | | | | |
| **April** | | |  | | |  | | | |  |  |  |
| Tuesday | 25th | am | 9 | 00 | | 11 | 00 | | |  | Live Webinar | 2hrs |
|  | | | | | | | | | | | | |
| **June** | | |  | | |  | | | |  |  |  |
| Thursday | 8th | pm | 14 | | 00 | 16 | | 00 | |  | On Campus | 2hrs |
|  | | | | | | | | | | | | |
| **July** | | |  | | |  | | | |  |  |  |
| Thursday | 6th | pm | 14 | | 00 | 16 | | 00 | |  | Live Webinar | 2hrs |
|  | | | | | | | | | | | | |
| **September** | | |  | | |  | | |  | |  |  |
| Tuesday | 19th | am | 09 | | 00 | 11 | | 00 | |  | Live Webinar | 2hrs |
|  | | | | | | | | | | | | |
| **November** | | |  | | |  | | |  | |  |  |
| Thursday | 23rd | pm | 14 | | 00 | 16 | | 00 | |  | Live Webinar | 2hrs |
| **Lab Session** | | | **Start Time** | | | **End Time** | | | | **Tick here** |  |  |
| **March** | | |  | | |  | | | |  |  |  |
| Wednesday | 8th | am | 9 | 00 | | 11 | 00 | | |  | Live Webinar | 2hrs |
|  | | | | | | | | | | | | |
| **October** | | |  | | |  | | | |  |  |  |
| Tuesday | 17th | am | 14 | 00 | | 16 | 00 | | |  | On Campus | 2hrs |

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| **Registration Fee: Refresher & Lab Course £30 / Full Course £60** **\*\*\* Copy of current GCP certificate (within the last two years) must be attached to the registration form for the refresher course attendees.** | |
|  | Cheque enclosed (payable to: **Cambridge** **University Hospitals NHS Foundation Trust**) |
|  | **For non-CUHNHSFT Attendees,** should you need to have an invoice raised, please give the following details  Budget holder Name Tel  Email  Full postal address if different from above  ………………………………………………………………………………………………………………………………………………… |
|  | **For MRC and CRUK staff members,** you will need to supply a Purchase Order before we can confirm your place on the training. |
|  | **For CUHNHSFT Attendees only (payment is from internal departmental budget):**  Please complete Transfer of Expenditure request form |

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| **Due to the popularity of these courses, we are unable to confirm your place until payment has been received.** |

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| **Places are limited so please return this form as soon as possible to:**  R&D Department, Box 277, Addenbrooke’s Hospital, Hills Road, Cambridge, CB2 0QQ  E-mail: lauren.basham@nhs.net |

Further information including programme, directions and other details will be sent to you at a later date.