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| --- | --- | --- |
| **Full Name**  Include Title |  | |
| **Current Appointment**  Job Title, Department |  | |
| **Address**  Full work address including postcode |  | |
| **Qualifications**  Degree and other professional qualifications |  | |
| **Registration/licence number**  If applicable |  | |
| **Previous appointments/experience**  Relevant therapeutic/practical experience after gaining qualifications only |  | |
| **Publications**  Please tick appropriate box | 0  0-5  6-10  11-20  >20 | |
| **Previous experience in clinical trials** | Protocol design  Recruitment  Consent  Data collection  Data Management | Trial procedures  Other – please specify below: |
| **Training**  Accredited course only | GCP  Research Ethics  Data Management | Other – please specify below: |
| **List all HREC projects that you currently hold the role of investigator (Principal and/or Associate)** |  | |
| **Closed projects only**  **List all HREC projects that you previously held the role of investigator (Principal and/or Associate)** |  | |

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| **Sign** |  |
| **Date** |  |