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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** |  |