TITLE OF THE STUDY

TRAINING CONFIRMATION FORM

Only trained personnel are authorised to access the database or eCRF

Reference of trainer and related institution

TRAINING CONFIRMATION FORM
-*NAME OF THE STUDY*-

Please complete this form to confirm attending a Training session and/or receipt of the Training Pack, Completion Guidelines and understanding of the contents.

SITE INFORMATION:

CENTRE NAME:	
CITY:	
COUNTRY:	

PERSONNEL INFORMATION:

NAME	ROLE PI Data Entry Data Review Monitor Study Nurse	SIGNATURE	DATE

TRAINING GIVEN BY:

NAME:

SIGNATURE: **DATE:**

PLEASE FAX/MAIL SIGNED AND COMPLETED FORM TO
Referrence address where to send a signed copy
THANK YOU!