**Training Request Form**

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| Type of request | * Member requesting to participate in training activity
* UPMREB Coordinator recommending training for member
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| Name of Member requesting to participate in training activity | <Title, Name, Surname> |
| Reason for request | * Initial training
* Update training
 |
| Date of First Appointment | <dd/mm/yyyy> |
| College/Institute (and department), as applicable |  |
| Type of training requested | * Good Clinical Practice
* Research Ethics
* Standard Operating Procedures
* Continuing Ethics Education
* Other Educational Activities <specify>
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| Training details | Date: <dd/mm/yyyy>Title:Provider: |
| Training Cost |  |
| Other sources of funding, if any | Amount: Source:  |
| COMMITMENT TO ATTEND | I commit to attend the < Title of Training> on <dd/mm/yyyy>, for which attendance I will provide a certificate of completion with the training program or agenda attached.

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| <Title, Name, Surname> and Signature  |
| Member, UPMREB Panel <number>Date: <dd/mm/yyyy> |

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| APPROVED BY: | I approve the request of <Member> to participate in the <training requested>.

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| <Title, Name, Surname> and Signature |
| Chair, University of the Philippines Manila Research Ethics BoardDate: <dd/mm/yyyy> |

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