**Training Request Form**

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| Type of request | * Member requesting to participate in training activity * UPMREB Coordinator recommending training for member |
| 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> |
| 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.   |  | | --- | | <Title, Name, Surname> and Signature | | Member, UPMREB Panel <number>  Date: <dd/mm/yyyy> | |
| APPROVED BY: | I approve the request of <Member> to participate in the <training requested>.   |  | | --- | | <Title, Name, Surname> and Signature | | Chair, University of the Philippines Manila Research Ethics Board  Date: <dd/mm/yyyy> | |