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| Description: K:\LOGOS\UNIMA COLOUR LOGO HIGH RESO.jpg  **Research Support Centre**  **University of Malawi**  College of Medicine | |
| Registration form for Clinical Trial Coordination Course | |
| EITHER TYPE IN THE SHADED AREAS OR PRINT THE FORM OUT AND COMPLETE IN BLACK INK | |
| **Please complete all sections** | |
| **PERSONAL DETAILS** | |
| Surname/Family Name | Title: Mr Mrs Ms  Miss Dr Other |
| All other Names) | Gender: Male Female |
| Nationality (if dual give both) | Country of birth: |
| Correspondence address (please write clearly if faxing)  Country: | |
| Preferred Telephone:  Additional Telephone:  Fax:  Preferred e-mail:  Additional e-mail: | |
| **COURSE DATE:** | |
| Course Date Applying For: | |
| **EDUCATION/TRAINING BACKGROUND** | |
| Qualification (s) | |
| Prior Clinical Trial Coordination Course?: Yes By which organisation:--------------------- When:-------------------------  No | |
| Current Job Title and Responsibilities | |
| Previous Jobs and Responsibilities | |
| **FEE PAYMENT** | |
| Who is paying for your Course Fee  If paying by check, please make cheque out to Research Support Centre | |
| **FURTHER INFORMATION** | |
| How did you learn about the Research Support Centre Clinical Trial Coordination Course?  Advertisement    College of Medicine Website  Event Name of event ----------------------------------------------------  Staff Member Name---------------------------------------------------------------  Other Specify-------------------------------------------------------------- | |
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| **COURSE EXPECTATIONS**  What are your expectations for the course? | |