Form 4.1 Training Record

**Eastern Visayas Health Research and Development Consortium - Ethics Review Committee**

***TRAINING RECORD***

| **SURNAME:** | **NAME:** |
| --- | --- |

| **BASIC COURSES** | **Training Provider** | **Venue** | **Date** | **Funded (Y/N)** |
| --- | --- | --- | --- | --- |
| 1 | GCP Training |  |  | <dd/mm/yyy> |  |
| 2 | Research Ethics |  |  | <dd/mm/yyy> |  |
| 3 | Standard Operating Procedures (SOP) |  |  | <dd/mm/yyy> |  |

| **CONTINUING ETHICS EDUCATION:** **Research Ethics Workshops, Conferences, Meetings, Lectures** | **Training Provider** | **Venue** | **Date** | **Funded (Y/N)** |
| --- | --- | --- | --- | --- |
| 1 |  |  |  | <dd/mm/yyy> |  |
| 2 |  |  |  | <dd/mm/yyy> |  |
| 3 |  |  |  | <dd/mm/yyy> |  |

| **AS RESOURCE PERSON** | **Training Provider** | **Venue** | **Date** | **PCHRD Funded (Y/N)** |
| --- | --- | --- | --- | --- |
| 1 |  |  |  | <dd/mm/yyy> |  |
| 2 |  |  |  | <dd/mm/yyy> |  |
| 3 |  |  |  | <dd/mm/yyy> |  |

| **Certified Correct:** |  |  |  |
| --- | --- | --- | --- |
| **STAFF SECRETARY** |  | Signature  |  |
| Date: <dd/mm/yyyy> |  | Name | <Title, Name, Surname> |
| **MEMBER SECRETARY** |  | Signature  |  |
| Date: <dd/mm/yyyy> |  | Name | <Title, Name, Surname> |