**CTC Training Courses**

**REGISTRATION FORM**

**Applicant information**

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| **Name** |  |
| **Job Title** |  |
| **Name of Employing Institution** |  |
| Which category are you currently working in (delete as appropriate): | |
| * UKCRC Registered CTU * Non registered CTU * NIHR CRN * NHS * Pharma * Not currently working in clinical trials | |
| Are you currently working in Clinical Trials? Yes / No  If yes please specify which area your trials are in.  If no please explain your reason for wanting to attend this course. | |

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| **Course Title** | **Date** |
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Please return this form to [ctc.training@ucl.ac.uk](mailto:ctc.training@ucl.ac.uk)

We aim to respond to all applications within two weeks.