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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Investigator first name** | |  | **Investigator last name:** | | | | | | |  | | | |
| **Academic title** | |  | | | | | | | | | | | |
| **Contact phone no.** | |  | | | **Email:** |  | | | | | | | |
| **Current appointment at RMH  (Title and Department)** | |  | | | | | | | | | | | |
| **RMH employee type** | | RMH Employee (Paid)  Honorary Appointment at RMH | | | | | | | | | | | |
| **Professional registration / Licence no.** | |  | | | | | | | | | | | |
| **Check all other clinical site affiliations** | | Royal Women’s Hospital  Peter MacCallum | | | | | | | | | | | |
| **Indicate all other affiliations –** enter in spaces provided | | University of Melbourne | | | | |  | | | | | | |
| Walter and Eliza Hall Institute | | | | |  | | | | | | |
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| **ACADEMIC QUALIFICATIONS (**Most recent / relevant qualifications) | | | | | | | | | | | | | |
| **Academic qualification (MD, PhD, MBBS)** | | **University/Institution** | | | | | **Year qualification conferred** | | | | | | |
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| **OTHER RELEVANT CURRENT & PREVIOUS APPOINTMENTS** (5 Years) | | | | | | | | | | | | | |
| **Position** | **Institution/Organisation** | | | | | | | **From:** | | | | **To:** | **Current** |
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| **SUMMARY OF ROLE and RELEVANT CLINICAL RESEARCH EXPERIENCE** | | | | | | | | | | | | | |
| **Identify all roles you have undertaken in Clinical Research –** check all that apply  Coordinating Principal Investigator  Principal Investigator  Associate Investigator  Research Nurse  Research Coordinator  Ethics Submissions  Other – please describe: | | | | | | | | | | | | | |
| **Have you had experience as a CPI, PI or AI in a CTN clinical trial?** | | | | | | | | | Yes  No | | | | |
| **Have you had experience as a CPI, PI or AI in a *First time in human clinical trial*?** | | | | | | | | | Yes  No | | | | |
| **On how many HREC approved studies have you been listed as a CPI, PI or AI?** | | | | | | | | |  | | | | |
| **How many of these studies were drug/device clinical trials?** | | | | | | | | |  | | | | |
| **On how many *currently active studies* are you listed as CPI, PI or AI?** | | | | | | | | |  | | | | |
| **Confirm whether you are current for GCP Training** | | | | Current  Enrolled in upcoming session | | | | | | | | | |
| **List any relevant training completed in the last 3 years** | | |  | | | | | | | | | | |
| **CERTIFICATION BY INVESTIGATOR** | | | | | | | | | | | | | |
| **Signature:** | |  | | | | | **Date:** | | | |  | | |
| **Print Name:** | |  | | | | | | | | | | | |