**Name of participant:**

|  |  |  |
| --- | --- | --- |
| 1 | Good Clinical Practice |        |
| 2 | Ethical Approval |       |
| 3 | Research Meetings |       |
| 4 | RCR Research Day |       |
| 5 | Research Presentations |       |
| 6 | Research Publications |       |
| 7 | Peer Review |       |
| 8 | Research Project |       |
| 9 | Statistics |       |
| 10 | Funding Sources |       |

**Contact details:**

**Date application submitted:**

\**Please use the table below to list how you have met the criteria for each category as outlined in the document ‘****RCR Research Certificate: Guidance for Applicants’ point 4.2****. Evidence for meeting the criteria should be attached as outlined in* ***point 5.3 o****f same document.*

 *For RCR use:*

|  |  |  |
| --- | --- | --- |
| *Application assessed by:*  | *Date:*  | *Additional comments:*  |
|  |  |  |