**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:* |
|  |  |  |