



TRAINING REQUEST FORM

Type of request	<input type="checkbox"/> Member requesting to participate in training activity <input type="checkbox"/> UPCHE REC Chair recommending training for member
Reason for request	<input type="checkbox"/> Initial training <input type="checkbox"/> Update training
Name of Member	<Title, Name, Surname>
Date of First Appointment	<mm/dd/yyyy>
College/Institute (and department), as applicable	
Type of training requested	<input type="checkbox"/> Good Research Practice <input type="checkbox"/> Research Ethics <input type="checkbox"/> Standard Operating Procedures <input type="checkbox"/> Continuing Ethics Education <input type="checkbox"/> Other Educational Activities <specify>
Training details	Date: <mm/dd/yyyy> Title: Provider:
Details of participation	<input type="checkbox"/> Participant only <input type="checkbox"/> Resource person <input type="checkbox"/> Others: <Specify>
Training Cost	
Other sources of funding, if any	Amount: Source:
RECOMMENDED BY	<u>[Name of REC Chair] / Signature</u> UPCHE REC Chair Date: <mm/dd/yyyy>
COMMITMENT TO ATTEND	I commit to attend the < Title of Training> on <dd/mm/yyyy>, for which attendance I will provide a certificate of completion with the training program or agenda attached. <u><Title, Name, Surname> / Signature</u> Member, UPCHE REC Date: <mm/dd/yyyy>
APPROVED BY:	I endorse the application of <Member> for the <training requested>. I certify that the supporting documents pertaining to the application are authentic and that <Member> has been an active member of the UPCHE REC since <date of appointment>. <u><Title, Name, Surname> and Signature</u> Dean, College of Home Economics Date: <mm/dd/yyyy>