TRAINING RECORD

INSTRUCTIONS: Kindly fill out all the information needed. Type all entries in CAPITAL LETTERS.

Name *(Title, Given Name, Middle Name, Last Name)*:	
Date of 1st Appointment*:	**Date of Latest Appointment***

**to the UPD REB <DD/MM/YYYY>*

I. RESEARCH ETHICS TRAINING

The following are required research ethics training for all UPD REB members: (1) BRET/RCR; (2) GRP; and (3) UPD REB SOPs. If applicable, kindly attach your Certificate or Proof of Attendance to this form. If you have not previously attended said training, you may request to do so by filling in the UPD REB Form 1(G) 2024: TRAINING REQUEST FORM.

Title of Training	Training Provider	Date of Latest Training
1. Basic Research Ethics Training (BRET) / Responsible Conduct of Research (RCR)		
2. Good Research Practice (GRP)		
3. UPD REB Standard Operating Procedures (SOPs)		

II. CONTINUING ETHICS EDUCATION (CEE) TRAINING

Apart from the general ethics training, please indicate other related and relevant Research Ethics Workshops, Conferences, Meetings, and Lectures, as applicable.

Title of Training	Training Provider	Date of Latest Training

III. OTHER TRAINING

Please indicate the five (5) latest relevant training/workshops related to research, excluding conferences, as applicable.

Title of Training	Training Provider	Date of Latest Training

IV. TRAINING AS RESOURCE PERSON

Please indicate the five (5) latest relevant training/workshops/seminars related to the research you have conducted as a resource speaker.

Title of Training	Training Provider	Date of Latest Training

UPD REB MEMBER	Signature:
Date: <DD/MM/YYYY>	Name: <Title, Name, Surname>
Certified Correct:	
ADMINISTRATIVE STAFF	Signature:
Date: <DD/MM/YYYY>	Name: <Title, Name, Surname>
COORDINATOR	Signature:
Date: <DD/MM/YYYY>	Name: <Title, Name, Surname>