1. **Introduction:**

Name of Applicant: ­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department / Institution: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Job Grade: [ ] Assoc Consultant [ ] Consultant (year \_\_) [ ] Senior Consultant (year \_\_)

 [ ] Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Trialist Category: [ ] Clinical Trialist (0.2 FTE protected time)

[ ] Master Clinical Trialist (0.4 FTE protected time)

1. **Description of applicant:**

*(To include information about the applicant’s professional qualifications, clinical and academic experience, work attitude and performance, as well as justification of applicant’s nomination.)*

1. **Departmental plan for applicant’s career trajectory as Clinical Trialist**

*(To include information on applicant’s past clinical trial(s) activities and how applicant’s future research trajectory is in alignment with the departmental and / or the ACP’s research strategic goals)*

1. **Describe the department’s plan to support applicant’s clinical trial(s) endeavours if the applicant is successful in receiving the 0.2 FTE / 0.4 FTE protected time from the programme.**
2. **Endorsement by Head of Department:**

**I would like to nominate the above applicant for consideration of the** **Clinical Trialist Development Programme.**

**I am aware of the need to provide appropriate support and protected time for the successful applicant to ensure that he / she is given adequate resources to achieve the expected deliverables.**

☐ I have read the applicant’s write-up (application form) and career development plan, and I am supportive of the applicant’s application and his / her long-term career plan.

☐ I will provide the appropriate support and have planned to provide 0.2 FTE / 0.4 FTE as protected time for his / her Clinical Trialist Development Programme related work.

|  |
| --- |
|  |
| **Signature and Name of Head of Department** |
| **Department:** |
| **Date:** |

1. **Endorsement by ACP Academic Chair:**

**I have reviewed the HOD’s nomination form and the applicant’s write-up (application form) and career development plan, which aligns with the ACP strategic plan. I am therefore supportive of this Clinical Trialist Development Programme nomination.**

Other comments about the applicant / nomination:

|  |
| --- |
|  |
| **Signature and Name of ACP Academic Chair** |
| **ACP:** |
| **Date:** |

1. **Endorsement by SDDC Head *(if applicable):***

**I have reviewed the HOD’s nomination form and the applicant’s write-up (application form) and career development plan, and I would like to support the above applicant for consideration for the Clinical Trialist Development Programme.**

Other comments about the applicant / nomination:

|  |
| --- |
|  |
| **Signature and Name of SDDC Head** |
| **SDDC:** |
| **Date:** |