

## Singapore Clinical Research Institute CRC Level 2 Programme Registration Form

**INSTRUCTIONS:**

1. Please submit the following documents to [scriacademy@scri.cris.sg](mailto:scriacademy@scri.cris.sg) before the registration closing date for SCRI Academy to review your application eligibility:
  - Completed registration form
  - Latest Curriculum Vitae
    - Please elaborate on all your past experience in clinical research by including the following:
      - i. Types of clinical research studies you were involved in
      - ii. Titles of the research studies (if possible)
      - iii. Your roles and responsibilities in the research studies
2. Registration is on a first-come first-served basis and priority will be given to CRCs core-funded under the NMRC CRC programme. Priority will also be given to CRCs from Singapore's public healthcare institutes under Ministry of Health Holdings.

**COURSE FEE**

Full Price	\$3500 <i>(inclusive of 7% GST)</i>
CRCs from Singapore's Public Healthcare Institutes under MOH Holdings (After 90% subsidy)	\$350 <i>(inclusive of 7% GST)</i>

**SECTION A: PROGRAMME DETAILS** *(All fields are mandatory)*

<b>Course Date</b>	_____ to _____
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**SECTION B : PARTICIPANT'S DETAILS** *(All fields are mandatory)*

Salutation <i>(Please select accordingly):</i>	Full Name (as in NRIC, please <u>underline</u> surname):	
Nationality:		
Office No.:	Mobile No.:	Email Address:
Institution / Organisation <i>(Indicate NA if not applicable):</i>		Department <i>(Indicate NA if not applicable):</i>
Current Designation:	Dietary preference <i>(All food served are halal certified):</i> <i>Kindly note that this is not applicable if the classes were conducted virtually.</i> <input type="checkbox"/> No preference <input type="checkbox"/> Vegetarian <input type="checkbox"/> Others: _____	

**SECTION C : INVOICE DETAILS** *(All fields are mandatory)*

Name of Organisation / Institution:

*(For self-payment, kindly indicate the applicant's name)*

Billing Address:

Details of Contact Person:

- For sponsored-payment, kindly indicate the name of personnel receiving the invoice, which may be the applicant's Institution HR and Finance personnel.
- For self-payment, kindly indicate the applicant's name.

Name:

Email:

Office No.:

**SECTION D : SUPERVISOR / REPORTING OFFICER DETAILS** *(All fields are mandatory)*

Salutation *(Please select accordingly)*:

Full Name:

Institution / Organisation:

Department:

Designation:

Email:

Office No.:

**I hereby verified that the above applicant fulfils the following requirements**

*(Please tick the box accordingly):*

**Yes**

**No**

1. At least 2 years of experience in coordinating clinical research studies.

2. Has experience in subject recruitment, informed consent and/or subject follow-up.

3. Has basic understanding of clinical research such as IRB requirements, ICH Good Clinical Practice, source documentation, essential documents, safety reporting and management of investigational product.

## SECTION E: TECHNICAL REQUIREMENTS

You are strongly encouraged to ensure you fulfil **ALL** the following minimum technical requirements during registration, in the event the course has to be conducted virtually due to unforeseeable circumstances.

1. Use of PC or Laptop to access the Zoom virtual class for better learning experience as you need to refer to the training handouts while attending the class.
2. Stable internet connection (3G or 4G/LTE), with minimum bandwidth of 600kbps is recommended. You can check your Internet bandwidth using [www.speedtest.net](http://www.speedtest.net) or <http://bandwidthplace.com/>.
3. Supported browser versions:
  - Windows: IE11+, Edge 12+, Firefox 27+, Chrome30+
  - Mac: Safari 7+, Firefox 27+, Chrome30+
  - Linux: Firefox 27+, Chrome 30+
4. Headphone (preferred) or speaker to listen in (built-in / USB plug-in / wireless Bluetooth)
5. Microphone for class discussion (built-in / USB plug-in / wireless Bluetooth)
6. Webcam (built-in / USB plug-in). It is compulsory to turn on the camera for the duration of the Zoom virtual class for attendance authentication.

## SECTION F: CANCELLATION POLICY

1. As the seat has been specially reserved for you, your attendance is greatly appreciated.
2. SCRI Academy reserves the right to withdraw your application if full payment is not made 7 working days before the class commencement.
3. Any cancellation must be conveyed to SCRI Academy through [scriacademy@scri.cris.sg](mailto:scriacademy@scri.cris.sg). There will be no refund of course fees.
4. SCRI Academy reserves the right to cancel or reschedule the workshop should unforeseen circumstances necessitate it. In the event of cancellation of workshop by SCRI Academy, registration fee will be fully refund to the participants.

## SECTION G: TERMS AND CONDITIONS

1. By registering for this programme, you will be automatically registered for the SCRI Academy Mailing List. As such, you will receive email notification from SCRI Academy which includes the upcoming training programmes, workshops, surveys and any form of publicity in relation to activities conducted by SCRI Academy.
2. Photographs may be taken during the programme.
3. Any information you provided to SCRI Academy will be held securely and in accordance with the Data Protection Act. Your personal details will not usually be disclosed to third parties except to the trainers and in circumstances to provide the services that you have signed up for.

**SECTION H: DECLARATION** *(All fields are mandatory)***To be completed by applicant**

- I acknowledged to have read, understood and agreed to the above minimum technical requirements, cancellation policy, and terms and conditions.
- I hereby declare that all information I provided is true and correct to the best of my knowledge.
- By registering for this programme, I hereby agree to release my registration details to SCRI for the purposes of administrating this programme and for any audit purposes.

\_\_\_\_\_  
Signature of Applicant\_\_\_\_\_  
Date**To be completed by applicant's supervisor/reporting officer**

I hereby certify that the above applicant is currently employed in my organisation/department and agreed to release him/her\* for all modules of CRC Level 2 Programme.

\_\_\_\_\_  
Signature of Supervisor/Reporting Officer\_\_\_\_\_  
Date

**Registration Process**


1. Please acknowledge after you have read, understood and agreed to the *Technical Requirements, Cancellation Policy, and Terms and Conditions* before submitting the Registration Form.
2. After submitting the Registration Form and supporting documents to SCRI Academy, you will receive an acknowledgment email to inform you that SCRI Academy has received your application.
3. If your registration has been reviewed and successfully accepted, you will receive a Notification of Acceptance email from SCRI Academy. Please accept your placement before the deadline as indicated in the Notification of Acceptance email.
4. If your registration has been reviewed and is unsuccessful, you will receive an email notification from SCRI Academy.
5. Kindly note that the registration is on a first-come first-served basis and priority will be given to CRCs core-funded under the NMRC CRC programme. Priority will also be given to CRCs from Singapore’s public healthcare clusters under Ministry of Health Holdings.

**Payment**

1. Your placement for the programme will be confirmed only when full payment has been received.
2. All course fees stated are inclusive of 7% GST.

Funded by Institution / Organisation	
<p>Please provide the following payment details under Section C of the Registration Form:</p> <ul style="list-style-type: none"> <li>• Name of Organisation / Institution sponsoring the applicant</li> <li>• Billing address</li> <li>• Details of the contact person (name, email and office number), which may be the applicant’s Institution HR and Finance personnel</li> </ul> <p>Upon acceptance of the placement, an invoice will be sent to the personnel indicated under Section C of the Registration Form.</p> <p>Payment has to be made within 30 days from the date of invoice. Interest at the rate of 1.5% per month will be levied on the amount outstanding for more than one month from the date of invoice. Please refer to the <i>Mode of Payment</i> for more information.</p>	
Funded by Applicant	
<p>Please provide the following payment details under Section C of the Registration Form:</p> <ul style="list-style-type: none"> <li>• Name of the applicant</li> <li>• Billing address</li> <li>• Details of the contact person (name, email and office number). Applicant may indicate his/her details.</li> </ul> <p>Upon acceptance of the placement, an invoice will be sent to the contact person based on the details indicated under Section C of the Registration Form.</p> <p>Payment has to be made within 30 days from the date of invoice. Interest at the rate of 1.5% per month will be levied on the amount outstanding for more than one month from the date of invoice. Please refer to the <i>Mode of Payment</i> for more information.</p>	

**Mode of Payment**

Cheque Payment	<ul style="list-style-type: none"> <li>• The cheque should be crossed and made payable to “Singapore Clinical Research Institute.”</li> <li>• Please indicate the invoice number on the reverse side of the cheque and mail to the address as stated in the invoice.</li> </ul>
Telegraphic Transfer	<ul style="list-style-type: none"> <li>• Beneficiary’s name: Singapore Clinical Research Institute</li> <li>• Beneficiary’s account: 072-026580-7 DBS Bank Ltd</li> <li>• Bank &amp; Branch code: 7171 – 003</li> <li>• Swift Code: DBSSSGSG</li> </ul>
PayNow	<ul style="list-style-type: none"> <li>• PayNow payment can be made through <u>either method</u>:               <ol style="list-style-type: none"> <li>a) UEN No. 53413149B</li> <li>b) QR Code: </li> </ol> </li> </ul>