



EUROPEAN CENTRE FOR
CLINICAL RESEARCH TRAINING

APPLICATION FORM FOR THE REGULATORY AFFAIRS STAR PROGRAMME

APPLICANT INFORMATION

Name:		Skype (or FaceTime or other):	
Date of birth:	E-mail:	Phone:	
Current address:			
City:	ZIP Code:	Country:	
Which passport do you hold:		Do you have a valid visum for Belgium? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N.A.	
Languages	French <input type="checkbox"/> Mother Tongue <input type="checkbox"/> Fluent <input type="checkbox"/> Good working knowledge <input type="checkbox"/> Simple ability <input type="checkbox"/> Some understanding	Dutch <input type="checkbox"/> Mother Tongue <input type="checkbox"/> Fluent <input type="checkbox"/> Good working knowledge <input type="checkbox"/> Simple ability <input type="checkbox"/> Some understanding	English <input type="checkbox"/> Mother Tongue <input type="checkbox"/> Fluent <input type="checkbox"/> Good working knowledge <input type="checkbox"/> Simple ability <input type="checkbox"/> Some understanding
			Other: <input type="checkbox"/> Mother Tongue <input type="checkbox"/> Fluent <input type="checkbox"/> Good working knowledge <input type="checkbox"/> Simple ability <input type="checkbox"/> Some understanding

EMPLOYMENT INFORMATION

<input type="checkbox"/> Currently unemployed		
<input type="checkbox"/> Currently employed; Name employer:		
<input type="checkbox"/> Employment foreseen in the next 12 months; Anticipated start date:		
<input type="checkbox"/> Employment expected to finish in the next 12 months; Anticipated end date:		
<input type="checkbox"/> Currently studying	Studies:	Anticipated end date studies:
I have experience with regulatory affairs (describe, add more pages if needed):		

APPLICATION

- ☐ I would like to apply for 16 May 2022
- ☐ I am not in the position to apply at this point, but keep me informed

PICTURES

Please note that pictures will be taken during the programme and that the sessions may be recorded. Should you NOT wish to appear on pictures or videos, please inform us

- ☐ I do agree ☐ I do not agree

NEWSLETTER SUBSCRIPTION

- ☐ I would like to subscribe to the Monthly ECCRT Newsletter

SIGNATURES

Signature of applicant:	Date:
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APPLICATION FORM INSTRUCTIONS

Sending in this form does not mean you are registered automatically. Registration will only occur after confirmation of eligibility. You also have the right to withdraw your application until the time of registration.

Please note that once you register for the programme a fee of €4.235 (incl. VAT) will be due.

*Do let us know if you want to apply for a staged payment or you want to be taken into consideration for a **partial refund** of the course fee (condition for this is that you are taking an employment through one of the recruitment agencies we are working with).*

Return your application form, together with a recent curriculum vitae and a motivational letter to:

- E-mail: info@eccrt.com
- Address: Cantersteen 47
1000 Brussels,
Belgium

Upon receipt of your form and after evaluation of your eligibility, we will be in touch with you to schedule an intake interview. After a positive intake, you will be allowed to register via our website.

If you have any questions, call +32 2 504 07 20 or send your enquiry to info@eccrt.com
