

[FOR REFERENCE ONLY]
- For NHG CRAW & Minimum Training Secretariat (MTS)

SAMPLE: TRAINING RECORD & DECLARATION

ICH E6 (R3) GOOD CLINICAL PRACTICE (GCP) GUIDELINES

Trainee Details:

- **Full Name:** _____
- **Date of Training:** [DD/MMM/YYYY]
- **Training Provider:** _____

Example of providers: Institution or Sponsor trainings, [HSA-SCRI Webinar on ICH E6 \(R3\) Guideline for GCP: Principles and Annex 1](#).

Training Format:

- ☐ Self-reading of the new ICH E6 (R3) GCP guidelines
- ☐ In-person training
- ☐ Webinar (Live or recorded)
- ☐ Others (please specify): _____

Declaration:

I confirm that I have completed the training and am committed to adhering to the principles and guidelines outlined in the ICH E6 (R3) GCP Guideline.

Signature: _____

Date: [DD/MMM/YYYY]