**CONFIRMATION**

**You must use this form to record confirmation as a Clinical Research Practitioner (CRP) applying to join the AHCS Accredited Register.**

**To be completed by the Clinical Research Practitioner Register Applicant:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Employing Organisation:** |  |
| **Role Title:** |  |
| **Start date of current role:** |  |
| **Length of time working in research delivery:** |  |
| **Brief description of your work including the type of team you are part of:** |  |

**To be completed by the confirmer:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Job title:** |  |
| **Email address:** |  |
| **Professional address including postcode:** |  |
| **Contact number:** |  |
| **Date of confirmation discussion:** |  |

**If you are a registered nurse or midwife, please provide:**

|  |
| --- |
| **NMC Pin:** |

**If you are a regulated healthcare professional please provide:**

|  |
| --- |
| **Profession:** |
| **Registration number for regulatory body:** |

**Confirmation checklist of registration requirements**

## **Competency framework and knowledge and skills development**

* **You are satisfied that the applicant is meeting the requirements of a named Competency Framework or an equivalent evidence based approach to knowledge and skills development**
* **You have seen evidence that the applicant meets all the employing organisation’s statutory/mandatory training requirements for Clinical Research Practitioners**

## **Safeguarding and English Language**

* **You have seen evidence that a current DBS Certificate for the applicant is in place**
* **You are satisfied that the applicant meets the employing organisation’s requirements for English Language ability**

## **Practice-related feedback**

* **You have seen the applicant’s portfolio of evidence in relation to communication skills, practice development and reflective accounts of practice and how this relates to the Scope and Standards of Proficiency for Clinical Research Practitioners**

## **Confirmation of practice development discussion**

* **You have seen a completed and signed form showing that the Clinical Research Practitioner has discussed their practice knowledge with a registered health professional (or you are a health professional who is a member of statutory register who has discussed these with the applicant)**

|  |
| --- |
| **I confirm that I have read Information for confirmers, and that the above named Clinical Research Practitioner Register applicant has demonstrated to me that they have met all of the requirements as listed above to progress their registration with the Academy for Healthcare Science (AHCS).** **I agree to be contacted by the AHCS to provide further information if necessary for verification purposes. I am aware that if I do not respond to a request for verification information I may put the Clinical Research Practitioner’s registration application at risk.** |
| **Signature:** |
| **Date:** |