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| **Applying for CRP Registration - Documented Assurance of Practice Development**    **V3 | January 2021** |

**2.1 Documented Assurance of Communication Style**

Please record two examples, from within the past 12 months, in which you have demonstrated an effective, inclusive and appropriate communication style that has been observed for documentation as such by a supervisor. If relevant to your role, please include an example that relates to you or a colleague obtaining Informed Consent from a clinical research study participant. Please ensure you do not record any information that might identify an individual, whether that individual is alive or deceased. *Please refer to CRP Standards of Proficiency 4, 5 and 12 to guide you in completing this section.*

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| **Date of observation** | **Brief description of the example** | **Name and position of observer** |
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**2.2 Documented Assurance of Practice Development**

Use this section to record a confirmation that you have discussed your practice knowledge and experience with a statutory registered healthcare professional as part of a development conversation that includes review of your current practice in relation to the CRP Standards of Proficiency:

* The clinical contexts(s) of your clinical research experience in the last 12 months and preceding years where this is relevant.
* Your practice hours and clinical skills that are intrinsic to your clinical research activities within these clinical context(s)
* Your workplace setting(s)
* Feedback that you have received (2 examples)

Please discuss your most recent practice first. You can describe your practice hours in terms of proportion in relation to standard working days or weeks. *Please refer to the CRP Scope of Practice and Standards of Proficiency to guide you in completing this section.*

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| **Following discussion of your practice as a Clinical Research Practitioner with a statutory registered professional, please summarise information for the subjects below as your practice relates to the CRP Scope of Practice and Standards of Proficiency:** | | |
| **your clinical context(s)** |  | |
| **your workplace setting(s)** |  | |
| **your practice hours and experience** |  | |
| **your knowledge and skills, including clinical skills** |  | |
| **Also note two examples of feedback that you have received:** | | |
| ***Where and when did this feedback come to you?***  e.g. research participants, colleagues, annual PDR, via compliments or complaints | ***How did you receive it?***  e.g. verbally, via letter, email, report | ***What was the feedback about and how has it influenced your practice?*** |
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| ***Confirmation of development discussion by statutory registered professional*** | | |
| ***Name:*** | | ***Registration number/PIN:*** |
| ***Signature:*** | | ***Date:*** |