Curriculum Vitae Site Staff (to be updated every two years) Page 1 of 1

# Curriculum Vitae

**Personal Information**

|  |  |
| --- | --- |
| **Name:** | |
| **Current Job Title:**  (Affiliation to study site) | |
| **Full Current Site Name and Address:** | **Start Date of Current Role:**  (DD-MMM-YYYY) |
| **E-mail**: | **Phone number:** |

**Professional Qualifications**

|  |  |  |
| --- | --- | --- |
| **Name of Granting Institution and Location (City, Country)** | **Degree / Qualification** | **Year Obtained** |
|  |  |  |
|  |  |  |

**Medical License Number:**

**Work Experience** (\*in chronological order)

|  |  |  |  |
| --- | --- | --- | --- |
| **Position** | **Address** (Institute Name, City, Country) | **From**  (MMM-yyyy) | **To**  (MMM-yyyy) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Clinical Trial Experience

|  |  |  |  |
| --- | --- | --- | --- |
| **Start Date/End Date** (month/year) | **Role in trial**  **(e.g PI, Sub-Inv)** | **Phase** (I,II,III,IV) | **Indication** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Clinical Research Training**

|  |  |  |  |
| --- | --- | --- | --- |
| **Training Course** | **Training Provider** | **Date**  (month/year) | **Certificate Available**  (If yes, please attach a copy to this CV) |
| ICH\_GCP |  |  | **Yes No** |
|  |  |  | **Yes No** |
|  |  |  | **Yes No** |

“I give my consent to use my personal data in agreement. The data will be processed for the configuration of your CV as a member of GEICAM/participant in a GEICAM clinical study. The legitimation for this treatment will be your consent and will be conserved throughout the duration of the relationship between the parties and once finalized during the term that GEICAM may be responsible. Your data will not be disclosed to third parties. We remind you that you have the following rights: Revoke the consent granted for the treatment and communication of your personal data; Obtain information about the existence or not of treatment of your personal data; Access your personal data; Rectify inaccurate or incomplete data; Request the deletion of your data when, among other reasons, the data is no longer necessary for the purposes that were collected; Limit the processing of data when any of the conditions provided in the data protection regulations is met; In certain circumstances and for reasons related to their particular situation, the interested parties may object to the processing of their data; Request the portability of your data.; Claim before the Spanish Agency for Data Protection, through the following address: Calle de Jorge Juan, 6, 28001 Madrid (Spain), when you consider that the Responsible party has violated the rights that are recognized by the data protection regulations.

|  |  |
| --- | --- |
| **Signature:** | **Date:** (DD-MMM-YYYY) |

## GE-FORM-03-02-12

Version No. 2/ Version Date: Sep 18, 2018