

WCG IRB International Fellows Program



APPLICATION FORM

Thank you for your interest in the WCG/WIRB International Fellows Capsule program!

This application form is divided into 2 sections as follows:

1. Personal Information
2. Professional Information

Before you begin, please take a moment to indicate how you found out about our program:

- Current or Former WIRB Fellow
- WCG IRB Staff
- WCG IRB Website
- Conference
- Other

Please specify name of source:

Thank you again for your interest! Please complete Section 1 & 2 next.

WCG IRB International Fellows Program



SECTION 1: Personal Information

(enter exactly as it appears on your passport)

Surname/Family Name:

First Name:

Middle Name:

Date of Birth:

Day

Month

Year

Gender:

 Male Female

City of Birth:

Country of Birth:

Country of Citizenship/Legal Permanent Residence:

Home Address:

Street:

Village/Province (if applicable):

Country:

Postal Code (if applicable):

Email:

Telephone:

Education (copies of your degree/certificates(s) must be submitted with your application)

Degree/Certificate

Date Awarded

Major/Specialty

WCG IRB International Fellows Program



SECTION 2: Professional Information

Organization/Employer Name:

Job Title:

Current Profession:

Years of Experience:

Institutional Review Board Work Experience:

Are you a voting IRB Member?

Current or Former WIRB Fellow

Yes

WCG IRB Staff

No

WCG IRB Website

Conference

Other

Please outline your role and responsibilities at the IRB:

How will your participation in this training program help enhance research ethics and human research protection in your country?