



**SIDCER-FCAP Survey Form 01: Application for Survey**  
Version 3.0, 30 April 2020

**APPLICATION FORM**

<b>EC Name</b>			
<b>Address</b>			
<b>Telephone</b>			
<b>Website</b>			
<b>Contact Person/Position/E-mail</b>			
<b>Chair/E-mail</b>			
<b>Secretary/E-mail</b>			
<b>List of Members with expertise</b> (identify who are medical/scientific, non-medical/non-scientific, affiliated, non-affiliated, male, female)			
<b>List of Staff</b>			
<b>List of SOPs with English titles</b>			
<b>Number of protocols reviewed through Full Board Review</b> (last three years)		<b>Common types of protocols reviewed through Full Board review</b> (e.g., drug, medical device, investigator initiated, etc.)	
<b>Number of protocols reviewed through Expedited Review</b> (last three years)		<b>Common types of protocols reviewed through Expedited Review</b>	
<b>Number of protocols Exempted from Regular Review</b> (last three years)		<b>Common types of protocols Exempted from Regular Review</b>	



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<b>Number of Full Board Meetings</b> (per year)		<b>Average number of Members who attend Full Board Meetings</b>	
<b>Ethical challenges/issues encountered</b> (last three years)			

NOTE: Submit this **Application Form** together with the **Self-Assessment Form**.

Application submitted by:

Name:

Position:

Signature:

Date: