Local Study Training ATTENDANCE LOG – for consent and randomisation training only

STUDY NAME	COLLABORATE *IRAS 337660*
SITE NAME	
SITE NUMBER	
Date of training meeting	
PRINCIPAL INVESTIGATOR NAME	

Instructions: 1) Please list the names of attendees at the local training meeting below; 2) Principal Investigator should provide their signature on the last page to confirm; 3) A copy of the log should be provided to collaborate@imperial.ac.uk .

Attendee	FULL NAME	Professional Role
1		
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(Add/delete columns as necessary)

PRINCIPAL INVESTIGATOR Signature (*Signing this confirms the listed individuals have received local study training on the above date to undertake consent and randomisation duties for the COLLABORATE Study)*	
Date of Signature	