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| **C:\Users\John Rey\Downloads\UST-Seal-2016-Present.png** | C:\Users\NURSING\Desktop\UST CON Logo.png | **UST COLLEGE OF NURSING**  **ETHICS REVIEW COMMITTE** |
| 1st Floor Room 105, St. Martin de Porres Building, España, Manila, Philippines 1015  *Telephone*: (632) 406-1611 local 8362 | (632) 731-5738  *Email*: erc-nursing@ust.edu.ph |

|  |  |
| --- | --- |
| **[Name Here]** |  |
| [Insert Address 1 Here]  [Insert Address 1 Here]  [Insert Mobile Numbers Here]  [Insert email addresses here] |

***Personal Data***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| *Age:* |  |  | *Marital Status:* |  |
| *Birthdate:* |  | *Nationality:* |  |
| *Sex:* |  | *Citizenship:* |  |

***Educational Background***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | ***Institution*** | ***Date Attended*** | ***Status*** | ***Honor/Awards Received*** |
| ***Primary*** |  |  |  |  |
| ***Secondary*** |  |  |  |  |
| ***Tertiary*** |  |  |  |  |

***Skills and Activities***

|  |  |  |
| --- | --- | --- |
| ***Special Skills/ Other Qualifications: Specify*** | ***Membership in Organization, Clubs and Societies*** | ***Position*** |
|  |  |  |
|  |  |  |
|  |  |  |

***Professional Trainings***

|  |  |  |
| --- | --- | --- |
| ***Seminar/Trainings*** | ***Organizer*** | ***Date*** |
|  | | |
|  |  |  |
|  |  |  |
|  |  |  |

***Research Profile and Interests***

|  |  |
| --- | --- |
| ***Research Area and/or Interest*** | ***Research Methods*** |
|  | |
|  |  |
|  |  |
|  |  |

***Research Proficiency***

|  |  |
| --- | --- |
| **PEER-REVIEWED JOURNAL PUBLICATION** | |
|  | |
| 1 |  |
| 2 |  |
| 3 |  |

***Research Involvement***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **ON-GOING FUNDED OR SPONSORED RESEARCH** | | | | | |
| ***Title*** | ***Proponents*** | | ***Funding Agency*** | | ***Status*** |
|  | | | | | |
|  |  | |  | |  |
|  | | | | | |
| 1. **ON-GOING INVESTIGATOR-INITIATED RESEARCH** | | | | | |
| ***Title*** | | ***Proponents*** | | ***Status*** | |
|  | | | | | |
|  | |  | |  | |

**I hereby certify that the abovementioned information is accurate and true to the best of my knowledge.**

|  |  |  |
| --- | --- | --- |
|  | | |
| **[Name of RESEARCHER (First, MI, Last)]** | | |
|  | | |
| **Date:** | **Click here to enter a date.** |  |