

**Expression of Interest to attend the UKPRP second call “Information & Networking Event” on Tuesday 24th September 2019, London**

# Applicant Information

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| **Required.** |  |
| **Name** *(including title)* | Click or tap here to enter text. |
| **Organisation** | Click or tap here to enter text. |
| **Email Address** | Click or tap here to enter text. |
| **Contact tel. no.** | Click or tap here to enter text. |

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| **Optional.** |  |
| **LinkedIn Username** | Click or tap here to enter text. |
| **Twitter Username** | Click or tap here to enter text. |

1. **Applicant Details**

A delegate booklet will be made available to all delegates prior to the event by email. This will contain delegate’s names, affiliation, contact information (email address & social media usernames), details and photograph as captured in this form. It is not compulsory to be included in the delegate booklet and you do not have to provide all the information requested. If you would like to be included in the delegate booklet, please confirm in the box below.

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| **Would you like to be included in the delegate booklet?** | Yes  No |
| **Please specify any information you do NOT want to appear in the delegate booklet.** | Click or tap here to enter text. |

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| **Please briefly describe your current role and relevant research, professional expertise and your prevention research challenge.**  **Please briefly state what experience you have of working with users (e.g. policy makers, practitioners, civil society groups) and industry.**  *no more than 150 words* | Click or tap here to enter text. |
| **Please insert a photo of yourself here.** |  |

1. **Logistics**

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| **Dietary requirements?** | Click or tap here to enter text. |
| **Any other requirements?** | Click or tap here to enter text. |

1. **Additional Information**

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| **Based on past events you’ve attended or topics you’d like to explore as part of the day, please describe any suggestions you have for the event.** | Click or tap here to enter text. |

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| **Have you attended a UKPRP event previously?** | Yes  No |
| **Have you previously submitted or been part of a UKPRP application?**  *Tick all which apply* | **Applied**: No  Outline  Full Application  **Application Type**: Consortia  Network  **Received funding?** Yes  No |

1. **Registration Deadline**

Please return your completed registration form to[MRC.EventsandCommitteesTeam@mrc.ukri.org](mailto:MRC.EventsandCommitteesTeam@mrc.ukri.org) no later than **Thursday 25th July 2019.**

1. **How we use your data**

The information provided in this form will be used to manage your participation at the event and all personal data provided will be processed by the Medical Research Council (MRC), part of UK Research and Innovation, in accordance with current UK data protection legislation.

The details provided in section one and two of this form will be included in the delegate booklet for the **UKPRP Information & Networking Event** on Tuesday 24th September 2019. The required details provided in section one and three will be shared with the venue. The information provided in section four will be used to help us tailor this event to meet your requirements.

Delegate booklets will be distributed to participant emails ahead of the workshop. We will use your email address to contact you for feedback post event though it is not mandatory to complete this. Your individual registration forms will be deleted from MRC files after the deadline for feedback has passed, approximately one month after the event.

Further information on how we use personal data can be found in the UK Research and Innovation Privacy Notice (<https://www.ukri.org/privacy-notice/>).