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| **Register of Experts (Clinical and Technical)** **External assessor personal information**     | **MHRA** 10 South Colonnade Canary Wharf London E14 4PU United Kingdom **mhra.gov.uk**  |

**PERSONAL/CONTACT INFORMATION**

**Title:**

**Name: (Full Name in Block Capitals)**

**Professional registration number (e.g. GMC, NMC, HPC):**

**Are you currently registered with a license to practice:**

**Qualifications:**

**Contact Address (work):**

**Post Code:**

**Contact Address (Home):**

**Post Code:**

**Telephone (Work):**

**Telephone (Home):**

**Mobile:**

**E-mail:**

**Clinical Speciality and areas of special interest**:

**Potential Conflicts of Interests:**

**MHRA will use your details stored on the Register to select an appropriate expert, depending on MHRA’s need for expertise in carrying out our regulatory function of assessing a medical device clinical investigation application. Your contact details will be used to allow us to communicate with you on relevant clinical investigations.**

Consent for MHRA to store your details under the GDPR.

☐

I understand that by submitting this form, I am giving consent to MHRA to store my personal details on the Registry of Clinical Investigation Experts to be used as stated above and in accordance with MHRA’s privacy policy.

Privacy Protection

MHRA has a strict confidentiality policy and will not release your data to any third party. For more information, please view the MHRA privacy policy available here:

<https://www.gov.uk/government/publications/mhra-privacy-notice/mhra-privacy-notice>