



MCHRI Systematic Review Training and Support Program 2019

ONLY TEN PLACES AVAILABLE. ELIGIBILITY CRITERIA APPLY.

PROGRAM FEE \$990

(25% DISCOUNT FOR MONASH PARTNERS MEMBERS)

Enrolment form

NAME:	
EMAIL ADDRESS:	
PHONE NUMBER:	
SUPERVISOR:	
EMAIL ADDRESS:	
DEPARTMENT:	

Work through the activities over page and complete the table below:

PROPOSED SR QUESTION/TOPIC:
IS THERE AN EXISTING SYSTEMATIC REVIEW ON THIS TOPIC?
HOW MUCH TIME HAVE YOU ALLOCATED PER WEEK TO COMPLETE THE SYSTEMATIC REVIEW (please include whether this has been cleared by your supervisory team):
CLINICAL EXPERTS AND OTHER MEMBERS OF YOUR SR TEAM:

Attendee signature:

Supervisor signature: