# Compliance Monitor (CM) Application Form

This form is required to be completed as part of the application process to be named on the register of persons eligible to act as a Compliance Monitor.

|  |  |
| --- | --- |
| **YOUR FULL NAME:** |  |
| **EMAIL ADDRESS:** |  |
| **CONTACT TELEPHONE NUMBER:** |  |
| **ORGANISATION YOU ARE REPRESENTING:** |  |
| **MHRA PERSON NUMBER, IF KNOWN:****(GENERATED WHEN A PERSON IS NAMED ON AN AUTHORISATION)** |  |

|  |
| --- |
| **I CONFIRM THAT:** |
| I am applying to be a CM for the following areas:(If applying for GMP *and* GDP positions, mark both boxes.) | GMP [ ]  GDP [ ]  |
| I have had at least 5 years’ experience performing independent audits of GMP and/or GDP companies. | YES [ ]  |
| I have included a copy of my current CV. | YES [ ]  |
| I have not been the subject of MHRA regulatory action in the previous 3 years.\* | YES [ ]  |
| I have not been the subject of significant adverse findings during an MHRA inspection in the previous 3 years.+ | YES [ ]  |
| Notes:\* Being issued a notice of proposal to be removed from a licence, or a letter of admonishment from the IAG.+ A critical or major deficiency that directly references findings against your role as a QP, RP, or Licence holder. |

|  |
| --- |
| **BY SIGNING THIS DOCUMENT (PHYSICALLY, OR ELECTRONICALLY),** **I CONFIRM THAT ALL THE INFORMATION PROVIDED IS TRUE AND ACCURATE****TO THE BEST OF MY KNOWLEDGE.** |
| **SIGNATURE:** | **DATE:** |
|  |  |

Please email the completed document, and attachment(s), to: compliance.monitor@mhra.gov.uk.