# 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.

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| **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)** |  |

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| **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. | |

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| **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](mailto:compliance.monitor@mhra.gov.uk%20).