



## Submission Questionnaire For New Members (individuals)

Please return to :

**UKRPA**

*Suite 115, Wey House, 15 Church Street, Weybridge, Surrey, KT13 8NA, United Kingdom*

E-mail: [enquiries@ukrp-association.org](mailto:enquiries@ukrp-association.org)

■ : [www.ukrp-association.org](http://www.ukrp-association.org)

### I. PERSONAL INFORMATION

1.	Name:	
2.	Address:	
3.	Phone number:	
4.	e-mail:	
5.	Web site:	

### II. UK RESPONSIBLE PERSON ACTIVITIES

6.	Are you currently conducting UK Responsible Person activities in the medical device and/or <i>in vitro</i> diagnostic (IVD) medical device field?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	Are you working for at least 10 medical device/IVD manufacturers as their UK Responsible Person ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.	Do you have either of the following qualifications: i) a diploma, certificate or other evidence of formal qualification, awarded on completion of a university degree, or equivalent, in law, medicine, pharmacy, engineering or another relevant scientific discipline, and at least one year of professional experience in regulatory affairs or in quality management systems relating to medical devices ii) four years of professional experience in regulatory affairs or in quality management systems relating to medical devices ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.	Is your UK Responsible Person activity covered by professional liability insurance ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10.	Have you registered with the MHRA as a UK Responsible Person ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### III. OTHER INFORMATION

11.	How did you learn about UKRPA ?
12.	What are your motives for participating in UKRPA ?



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13.

What do you wish to achieve by participating in UKRPA ?

### IV. OTHER COMMENTS (if relevant)

*I certify that the above information is complete and accurate. I understand that if I provide false or misleading information, the membership in UKRPA may be terminated immediately upon discovery of this fact.*

**Name** : \_\_\_\_\_

**Title** : \_\_\_\_\_

**Date** : \_\_\_\_\_

*Signature*

Your privacy is important to us. By completing this questionnaire, you consent to the collection, processing, and storage of your personal data in accordance with applicable data protection laws, including the General Data Protection Regulation (GDPR). Your data will be used solely for the purpose of this questionnaire and will not be shared with any third parties outside UKRPA without your explicit consent. You have the right to access, rectify, or erase your personal data at any time by contacting us at UKRPA. For more information on how your data will be processed and your rights under data protection laws, please refer to our Privacy Policy.