**Record of Database System Training: Data Entry Form**

Name of trainer

Name & designation of practitioner

Purpose of training

Date of training

Performance criteria:

1. Understands need for clear audit trail from source data to database
2. Understands which data verification checks are required prior to eCRF completion
3. Understands need for password control of electronically stored data
4. Understands how to log in to database system
5. Understands how to select correct eCRF form and version number for completion
6. Understands need for complete and accurate data entry including rationale for mandatory data fields
7. Understands how to enter data from paper CRF onto web-enabled eCRF system
8. Understands how to move between eCRF pages
9. Understands how to manage automatic data validation queries raised by database system
10. Understands how to submit completed eCRF data
11. Understands how to log out of database system and need to maintain data securely
12. Understands how and when to complete standard database amendment form

I confirm that the above named practitioner has attended database system training and has demonstrated competency in the above performance criteria.

Trainer signature

Trainer Designation

Date