Full Memberships

ISARIC offer two different forms of membership – Full Membership and Individual Membership (see Membership Policy version 2, June 2012)

This form concerns Full Membership. Should you wish to apply for an Individual Membership, please contact the Secretariat (see contact details on page 3).

To be eligible for a Full Membership, applicants – being organisations and/or networks – must meet all of the following criteria; they need to be:

* independent and founded, led and run by academic investigators (not led by industry);
* scientifically active, with scholarly contributions that are attributable to the network and in research areas relevant to the consortium;
* multi-centre; involving multiple centres of differing institutions;
* have access to patients for potential enrolment into studies (applicable to clinically focused organisations);
* supportive of ISARIC's vision and mission in terms of data-sharing, contributing to joint publications and involved in the consortium’s goals and research activities;
* organised and structured in a manner consistent with the mission and vision of ISARIC ;
* Consideration will be given to organisations, which are not networks but are relevant to the mission of ISARIC;
* Consideration will be given to individual membership on an individual basis by the Executive (see below).

All of these criteria are required for membership as part of ISARIC’s Scientific Council.

Prospective Council members (primary and alternates) are asked to declare in writing that they and their network agree to abide by the principles and operating procedures set out in the ISARIC Governing Framework (v3), including a specific agreement on data sharing (available in mid-August 2012), before participating.

Member networks are expected to nominate a new representative to the Council if their current representative is elected to sit on the Executive Committee.

New member organizations are approved for membership by a 2/3 vote of the Executive Committee of ISARIC with a decision within 30 days of receipt of the completed forms.

Full Member Organisations can nominate one representative (and one alternate) to the Council of ISARIC.

|  |
| --- |
| **Membership application form for *Full Membership*** |
| **1. Network information**  |
| a. Network name and acronym: |
| b. Academic field: |
| c. Adult / Paediatric / Maternal health *(Please indicate)* |
| d. Objectives of network:*(Continue overleaf if needed)* |
| e. Trials completed: |
| f. Access to patients for enrolment into studies: Y/N*(Please indicate)* |
| g. Publications (key 3 papers):1.2.3. |
| h. Participating institutions and partnerships:*(Academia/Industry/Government/Other)* |
| i. Countries involved:*(Please list)* |
| j. Website address: |
| **2. Contact details** |
| a. Contact person: |
| b. Institutional affiliation: |
| c. Postal address: |
| Zip/postal number: | Country: |
| d. Phone number  | Office: | Mobile: |
| e. Email address: |
| f. Is the contact point the same as the principal investigator/director: Yes / No *(If ‘Yes’ please continue to section 3, if ‘No’, please fill in section 2g)* |
| g. If you answered ‘no’ to question 2f, please provide the name and contact details of the principal investigator here: |
| Name: |
| Institutional affiliation: |
| Phone number  | Office: | Mobile: |
| Email address: |
| **3. Working group membership** |
| a. Does your network wish to join a working group? Y/N*(Please indicate)* |
| b. If ‘yes’ (3a), which working groups are you interested in joining?*(Please indicate, and note that no investigator should be a member of more than two working groups at any one time, and no research networks should provide more than three representatives across the four working groups – in accordance with our Governing framework, version 3.)*WG1: Inter-pandemic clinical trials Y/N\_\_\_\_\_WG2: Global data collection and collation Y/N\_\_\_\_\_WG3: Genomics, Pathogenesis and Pharmacology Y/N\_\_\_\_\_WG4: Changing Clinical Research paradigms for rapidly emerging public health threats.Y/N\_\_\_\_\_Note: ISARIC will contact the Chair of each working group indicated. You will be asked to provide the Chairs with your skill set. The Executive Committee reviews working group membership annually. |
| **5. Signature and date** |
| By signing this form, I agree to the mission statement and open access ethos described in ISARIC’s membership policy, and I confirm that my network will comply with the same statement and objectives.To the best of my knowledge, my network fulfils all requirements listed for a Full Membership of ISRAIC, and I am authorised to sign and submit this application on behalf of my network. |
| Signature of applicant: | Date: |
| Name of applicant: |
|  |
| ***For ISARIC’s use only*** |
| Signature of project manager: |
| Date received: |
| Reference number: |

All forms must be signed and returned to the Secretariat by post:

ISARIC

University of Oxford

Centre for Tropical Medicine (CCVTM)

Churchill Hospital

Headington

Oxford

OX3 7LE

United Kingdom

Please contact the Project Manager if you encounter any problems when filling out this form, or if you have any enquiries with regards to ISARIC or the Membership Policy:

Kajsa-Stina Magnusson, ISARIC Project manager

kajsa-stina.magnusson@ndm.ox.ac.uk | +44 (0)771 8696 412 | Postal address as above.

*The information submitted on this form is kept for the purpose of ISARIC’s membership inventory, for the dissemination of information to all confirmed members of ISARIC, and for the construction of ISARIC’s working groups. All data will be kept under lock and key and stored in a password-protected database, which is accessible solely by ISARIC’s Secretariat. The data is stored and kept in compliance with the UK Data Protection Act 1998:* [*http://www.admin.ox.ac.uk/dataprotection/*](http://www.admin.ox.ac.uk/dataprotection/)