Individual Memberships

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

This form concerns Individual Membership. Should you wish to apply for a Full Membership, please contact the Secretariat (see contact details on page 2)

Individual membership in ISARIC is open to any academic investigator who shares the ISARIC vision, but who is not eligible to be currently represented by one of the Member networks of ISARIC. Individual members will be eligible to contribute to Working Groups and be Chair of a Working Group, as per the WG membership outlined above. Individual members will not have any representation on the Council of ISARIC or be eligible for election to the ISARIC Executive Committee but may be a member of the Council by virtue of being the Chair of a Working Group. (Membership Policy, version 2)

All members, both those holding Full and Individual Memberships, must agree and comply with ISARIC’s mission statement and open access ethos (both are to be found in the Membership Policy version 2, June 2012).

All prospective Council members are asked to declare in writing that they 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.

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| **Membership application form for *Individual Membership*** | | | |
| **1. Personal information** | | | |
| a. Name of applicant: | | | |
| b. Institutional affiliation: | | | |
| c. Postal address: | | | |
| Zip/postal number: | | Country: | |
| d. Phone number | Office: | Mobile: | |
| e. Email address: | | | |
| f. Website address: | | | |
| **2. Research and interests** | | | |
| a. Academic field: | | | |
| b. Adult / Paediatric / Maternal health  *(Please indicate)* | | | |
| c. Research interests and project(s):  *(Continue overleaf if needed)* | | | |
| d. Publications (key 3 papers):  1.  2.  3. | | | |
| e. Geographical coverage of research/trials/other activities:  *(Please list, if applicable)* | | | |
| f. Membership/Affiliation to other bodies, networks, institutions and organisations:  *(Academia/Industry/Government/Other)* | | | |
| **3. Motivation** | | | |
| *a. (Please provide an outline of your expectations with regards to the Individual Membership, and, if possible, why you are not applying for a Full Membership)* | | | |
| **4. Working group membership** | | | |
| a. Do you wish to join a working group? Y/N  *(Please indicate)* | | | |
| b. If ‘yes’ (4a), which working groups are you interested in joining?  *(Please indicate, and note that each member may join a maximum of two working groups)*  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 I will comply with the same statements and objectives.  I confirm that I have read and understood ISARIC’s membership policy. | | | |
| 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](mailto: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/)