Observer status

ISARIC offer two different forms of membership – Full Membership and Individual Membership (see Membership Policy version 2, June 2012). If membership is not an option for political or otherwise operational reasons, it is possible for non-members of ISARIC to participate in Working Groups and project teams, with the assent of the Chair and majority of the members of that Working Group. Non-members may not, however, be the Chair of a Working Group or be a member of the Council of ISARIC.

Representatives from other research networks, public health institutions, regulatory agencies, funding organisations, or pharmaceutical industry experts may be invited as observers on WGs, project teams or on the Council, or Executive Committee at its discretion, but do not have voting rights.

Any organisation wanting to be an observer and non-member participant must fill in this form and submit it to the ISARIC Secretariat by regular mail (see details below).

All members and observers will be added to the general email list for ISARIC. To opt out, the Secretariat must be notified.

|  |  |  |  |  |  |
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| ***Application for ISARIC Observer Status*** | | | | | |
| **1. Information of Organisation[[1]](#footnote-1)** | | | | | |
| a. Organisation name and acronym: | | | | | |
| b. Type of organisation:  *(e.g. Public Health, Industry, Funding Organisation etc.)* | | | | | |
| c. Academic field (if applicable): | | | | | |
| d. Adult / Paediatric / Maternal health  *(Please indicate)* | | | | | |
| e. Objectives of network/organisation:  *(Continue overleaf if needed)* | | | | | |
| f. Trials completed: | | | | | |
| g. Access to patients for enrolment into studies: Y/N  *(Please indicate)* | | | | | |
| h. Publications (key 3 papers):  1.  2.  3. | | | | | |
| i. Participating institutions and partnerships:  *(Academia/Industry/Government/Other)* | | | | | |
| j. Countries involved:  *(Please list)* | | | | | |
| k. Website address: | | | | | |
| **2. Contact details** | | | | | |
| a. Contact person: | | | | | |
| b. Institutional affiliation: | | | | | |
| c. Postal address: | | | | | |
| City: | | County/Province/State: | | | |
| 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 organisation will comply with the same statement and objectives in all ISARIC-related activities and the activities of the working groups and project groups in which we take part.  I am authorised to sign and submit this application on behalf of my organisation. | | | | | |
| 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/)

1. “Organisation” is here defined to be an institute, institution, company, industrial entity, association, agency, society, academy, or other entity that seeks observer status. Individuals are not eligible to apply for Observer Status – but may apply for Individual Membership. [↑](#footnote-ref-1)