Full Memberships

ISARIC offer two different forms of membership – Full Membership and Individual Membership (see ISARIC Governance Framework v.4.2).

This form concerns Full Membership. Should you wish to apply for an Individual Membership, please contact the ISARIC Coordinating Centre (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 (i.e., not led by industry)
* Scientifically active, with scholarly contributions that are attributable to the network and in research areas relevant to the Consortium
* Multicentre (involving more than one department, hospital, agency etc.)
* Have ready access to patients with severe acute respiratory and emerging infections for enrolment into studies.
* Accept the ISARIC terms of reference for the management of ISARIC (as defined in this document, including the publication strategy, communication strategy, and the data-sharing policy).
* Supportive of and governed by practices consistent with the mission and vision of ISARIC.

A network is broadly defined, but essentially consists of more than two institutes or institutions (hospitals, academic departments, agencies etc.) that are separate but that have an overarching interest in common. Networks may be international, regional, national or local in terms of scope and activities.

When being included into the ISARIC Council, prospective 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 in relation to all ISARIC related activities in which they choose to take part, including a specific agreement on data sharing (to be drafted), before participating.

No membership fees are levied.

Member networks are expected to nominate a new representative to the Council if their current representative is elected to sit on the Executive Committee as a voting member. It is the responsibility of member networks and individuals to keep the Coordinating Centre informed with regards to the change of contact points and representatives.

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| **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 –** *please note that the Contact Person named in (a) will be considered the Council Representative for your network. Please contact the ISARIC Coordinating Centre should you wish for someone else to represent the network in ISARIC’s governing body.* |
| 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), please provide the name(s) and email address(es) of the network representatives wanting to join the working groups listed below. |
| **WG1: Inter-pandemic clinical trials** |
| Name: |
| Email: |
| **WG2: Global data collection and collation** |
| Name: |
| Email: |
| **WG3: Genomics, Pathogenesis and Pharmacology**  |
| Name: |
| Email: |
| **WG4: Changing Clinical Research paradigms for rapidly emerging public health threats** |
| Name: |
| Email: |
| **5. Signature and date** |
| By signing this form, I agree to the mission statement and open access ethos described in ISARIC’s Governance Framework v.4.2 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, ISARIC Project Manager: |
| Date received: |
| Reference number: |

All forms must be signed and returned to the ISARIC Coordinating Centre by post:

NDMRB

ISARIC, Att. Kajsa-Stina Longuere

University of Oxford, Centre for Tropical Medicine

Old Road Campus, Roosevelt Drive

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 Longuere, ISARIC Project manager

kajsa-stina.longuere@ndm.ox.ac.uk | Office: +44 (0)1865 612965 | Mobile: +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/)