

**Your organization logo**

**Application to become a partner of the Global Health Cluster (GHC)**

After reviewing the Terms of Reference and GHC membership policy, we are pleased to confirm that *Name of your organization* wishes to become a partner of the Global Health Cluster (GHC) with the status of *member/associate/observer*.

*Name of your organization* is willing to actively support the GHC to fulfil its role and implement the GHC Strategic Framework and Workplan. *Name of your organization* is also committed to respect the GHC Guiding Principles.

With this commitment, we express our intent to attend the Partner Meetings on a regular basis and conference calls as appropriate.

In this regard, we provide the contact details necessary for future collaboration, together with the requested documentation to be considered against the eligibility criteria.

Attached documents are:

|  |  |
| --- | --- |
| Introduction form (see below) | Yes/No |
| Constitution/founding document | Yes/No |
| List of affiliations | Yes/No |
| Last financial report | Yes/No |
| Composition and current list of members of decision-making bodies (name, function and affiliation) | Yes/No |
| Agreement from the supervisor to allow time to participate in GHC activities | Yes/No |

Agreement:

|  |  |
| --- | --- |
| I have read and agree with the GHC Guiding Principles and Strategic Framework | Yes/No |
| I understand and agree with the responsibilities and benefits of being a partner | Yes/No |

|  |  |
| --- | --- |
| Organization name: ­ |  |
| GHC focal point name: |  |
| Signature:  |  |
| Place and date: |  |

**Introduction form**

**Contact information**

|  |  |
| --- | --- |
| Organization: |  |
| Website: |  |
| Country where organization is based: |  |
|  |  |
| **Focal point** |  |
| Title (Dr/Mr/Ms): |  |
| Name: |  |
| Last Name: |  |
| Position in the organization: |  |
| Email address: |  |
| Telephone: |  |
| Mobile: |  |
|  |  |
| **Alternate** |  |
| Title (Dr/Mr/Ms): |  |
| Name: |  |
| Last Name: |  |
| Position in the organization: |  |
| Email address: |  |
| Telephone: |  |
| Mobile: |  |

**Organization description**

Please describe briefly your organization scope of work (max 300 words).

**Relevance to the Global Health Cluster**

Please describe briefly your organization activities in providing or supporting health services in areas affected by or recovering from humanitarian crises (max 300 words).

**Areas of specialization**

Please check one or more of the areas of specialization below:

[ ] Field epidemiology/surveillance

[ ] Public health

[ ] Outbreak response and control

[ ] Communicable diseases

[ ] Tuberculosis

[ ] HIV/AIDS

[ ] Malaria

[ ] Neglected tropical diseases

[ ] Noncommunicable diseases

[ ] Mental health and psychological support

[ ] Newborn, child and maternal health

[ ] Reproductive and sexual health (including GBV)

[ ] Clinical/surgery

[ ] Nursing

[ ] Midwifery

[ ] Nutrition

[ ] Research

[ ] Data/Information management

[ ] Needs assessment

[ ] Monitoring and evaluation

[ ] Communications with media and public

[ ] Advocacy

[ ] Social mobilization/Behaviour Change Communications

[ ] Anthropology/social sciences

[ ] Capacity building

[ ] Programme management

[ ] Coordination

[ ] Operations planning

[ ] Logistics (medical)

[ ] Logistics (operational)

[ ] None

[ ] Other ­(please specify \_\_\_\_\_\_\_\_\_\_\_\_ )

**Geographical reach**

Please list the countries where your organization operates.

**Organization sources of funding**

Please describe briefly your organization sources of funding. (max 300 words)

**Willingness to contribute to the Global Health Cluster**

Please describe briefly the nature of your Organization’s interest in belonging to the GHC, what goals your Organization shares with the Cluster, and what your Organization is willing to contribute to the implementation of the GHC Strategic Framework and workplan. (max 500 words)

**Disclaimers**

[x]  By ticking this box, you confirm that the entity you represent does not have and has not had any formal association, affiliation or links with the tobacco industry, or any subsidiary of a tobacco company or commercial entity involved with the manufacturing, sale, or distribution of tobacco or tobacco related products.

If you have not ticked the box, please clarify existing links:

[x]  By ticking this box, you confirm that the entity you represent does not have and has not had any formal association, affiliation or links with the arms industry.

If you have not ticked the box, please clarify existing links:

**Compliance statement**

As a duly authorized representative of my organization, I declare it to be in full compliance with the goals and principles of the Global Health Cluster.

|  |  |
| --- | --- |
| Organization name: ­ |  |
| GHC focal point name: |  |
| Signature:  |  |
| Place and date: |  |

**Declaration of interests**

Please declare below all real, potential, or apparent conflict of interest**\*** with the GHC.

As a duly authorized representative of my organization, I declare that this information is correct and that no other real, potential or apparent conflict of interest is known to me. I will inform the GHC secretariat on behalf of my organization of any change in these circumstances, and will designate or cause to be designated a successor to carry out this function in the event of my departure from the organization.

|  |  |
| --- | --- |
| Organization name: ­ |  |
| GHC focal point name: |  |
| Signature:  |  |
| Place and date: |  |

\*Instructions for Completing the Declaration of Interests

Please declare any interests that could constitute a real, potential, or apparent conflict of interest with respect to the Global Health Cluster.

Conflict of interest means that the prospective member has a financial or other interest that could unduly influence the prospective member’s involvement in the GHC.

An *apparent conflict of interest* is a financial or other interest that would not necessary influence the prospective member but could result in the prospective member’s objectivity and independence being questioned by others.

A *potential conflict of interest* is a financial or other interest that any reasonable person could be uncertain whether or not should be reported.

The existence of an appreciable real, potential or apparent conflict of interest will ordinarily not be used as a criterion to determine membership in the GHC. However, in the case of specific GHC projects and activities, the GHC Coordinator may review the information submitted to assess whether there is an appreciable real, potential or apparent conflict of interest. A member will be informed of appropriate mitigation measures to address any real or perceived conflict of interest.

Information disclosed on this form will not be made available to anyone other than the GHC Coordinator or her designee.