Application Form to register an Affiliate or Associate Center,

Cochrane US Network

Applicants wishing to establish a new Cochrane Affiliate or Associate Center as part of the Cochrane US Network are expected to embrace the ethos, values and principles of the Cochrane collaboration. They must also be able to demonstrate:

1. Evidence of a record supporting evidence-based practice and promoting the conduct and use of systematic reviews.
2. Expertise and competencies in systematic reviewing. It is expected that the Directors and other staff (as appropriate) will have – in most cases - considerable experience of preparing Cochrane reviews, involvement in other Cochrane products or services, or in evidence-informed health practice and policy.
3. Sufficient resources to enable the Group to meet its core functions and be self-supporting.

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| Practical Details |
| What will be the **geographic state / regional area** covered by your Group? (Note: answer if relevant) |  |
| What will be the **location and host institution** of the Group? |  |
| Rationale– why is setting up a presence in your organization or institution beneficial? |
| **The local environment in which the Group will operate**Please describe in brief the state of the use of evidence in decision-making in your constituency (your organization; the stakeholders you work with; or the geographic state / regional area that your organization covers) and highlight where work needs to be done to improve the use of evidence or other gaps in the evidence system that you think a Cochrane Group needs to fill. |  |
| **Priorities**What do you see as the highest priorities for Cochrane in the US, and which functional areas are the most important to your Group? |  |
| Leadership & Governance – who will be leading the Group, both strategically and operationally? |
| Who will be the members of the **leadership team** for the Group?The curriculum vitae of the Director(s) and any Deputy Directors should be submitted as part of the application.  |  |
| Will your Group establish an **Advisory Board** to assist, advise and support its work? If so, please provide details of its **proposed members**, listing the various groups or organisations to be represented. [Note: it is not obligatory to have an Advisory Board] |  |
| Resourcing - how will the Group be funded? |
| What **financial support** will the Group have? |  |
| What **internal or in-kind support** will be available to the Group? |  |
| What is the **term of the funding** available? How stable is the funding situation for the Group? |  |
| What **restrictions** are attached to the funding that may restrict the activities of the Group. |  |
| What is the proposed **staffing** of the Group, including the names of any known staff, their roles and time allotted to Cochrane activities?  |  |
| Strategic Plan – what are the proposed activities of the Group |
| A **Strategic Plan** (covering 2-3 years) that lists the principal goals of the Group, together with specific activities and intended targets, should be provided. The Strategic Plan should reflect the core functions of the Group. (See sample template for Associate Centre or Affiliate.) | Please provide this on the separate template. |
| Mentorship and support  |
| Are there any Cochrane Groups well placed to offer your Group mentorship and support based on factors such as language, common specialisms, healthcare setting similarities and geographic location?  |  |
| Conflict of Interest  |
| **Declarations of interest** of the Directors (please use the template). |  |
| Letters of Support |
| In support of the application, **letters of support** should be sought from the following:* Key national organisations that will have a role in ensuring the success of the Group.
* The institution that is hosting the Group.
* Other individuals whose support is considered important.
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