Application form to register a new Cochrane Geographic Group

This document is applicable to Affiliates, Associates and Centres.[[1]](#footnote-1)

Applicants wishing to establish a new Cochrane Group 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 or involvement in other Cochrane products or services.
3. Sufficient resources to enable the Group to meet its core functions and be self-supporting.

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| Practical Details |
| Who is the **primary contact** for your Group? |  |
| What will be the **geographic area** covered by your Group? |  |
| What will be the **location and host institution** of the Group? |  |
| Rationale– why is setting up a presence in this country 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 country 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 your country, and which functional areas are the most important to your Group? |  |
| What is the **current extent of Cochrane activity** in the country (e.g., number of authors, editors)? |  |
| What is the **motivation from within the country** to have a Cochrane presence? |  |
| How will your Group contribute to **geographical or linguistic diversity** in Cochrane? |  |
| 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] |  |
| For **Affiliates and Associate Centres**: Please provide the details of the Cochrane Centre which has agreed to advise, support and manage the Group. |  |
| 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 templates available separately.) | Please provide this on the separate template. |
| Mentorship and support  |
| In addition to your proposed managing Centre [where applicable] are there any other 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 (using the format used for members of the [Steering Group](http://community-archive.cochrane.org/glossary/5#term414)). |  |
| Letters of Support |
| In support of the application, **letters of support** should be sought from the following:* Registered Cochrane Groups based in the countries to be served by the Group (where applicable).
* 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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Version control

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1. Applicants to register a new Cochrane Network need to complete a different form **[Add Hyperlink]** [↑](#footnote-ref-1)