Application form to register a new Cochrane Network

This document is applicable to Networks.[[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 Network? |  |
| What will be the **geographic area** covered by your Network? |  |
| What will be the **location and host institution** of the Network leadership |  |
| Rationale– why is setting up a Network in this region/country is 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 or region and highlight where work needs to be done to improve the use of evidence or other gaps in the evidence system. |  |
| What do you see as the **highest priorities** for Cochrane in your country or region? |  |
| What is the **current extent of Cochrane activity** in the country/region (e.g., number of authors, editors)? |  |
| What is the **motivation from within the country or region** to have a Cochrane presence? |  |
| How will the Network contribute to **geographical or linguistic diversity** in Cochrane? |  |
| Why establish a Network structure? | |
| Why is a **Cochrane Network advantageous** in this context? |  |
| What is your vision for the Network? |  |
| How many Groups do you envisage establishing as part of the Network; and what will be the priorities for work programmes within the Network? |  |
| What existing Cochrane presences are there in the country or region that would become part of this Network? |  |
| What new Cochrane Groups would be created as part of establishing this Network (i.e., what Affiliate Groups are already willing to set up as part of this Network)? |  |
| Leadership & Governance – who will be leading the Network, both strategically and operationally? | |
| Who will be in the **leadership team** for the Network?  The curriculum vitae of the Director(s) and any Deputy Directors should be submitted as part of the application. |  |
| How will the Network be managed (e.g., will it be managed from a central point or will there be a dispersed model of hubs within the Network who have autonomy for their regions)? |  |
| Please provide details of the Network’s proposed **Advisory Board**, listing the various groups or organisations to be represented. |  |
| Resourcing - how will the Network be funded and is this stable? | |
| What **financial support** will the Network have? (Here we refer specifically to the Network, if it is being run by a Centre out of existing resources then specify that as in kind support from that Centre.) |  |
| What **internal or in-kind support** will be available to the Network? |  |
| What is the **term of the funding** available? How stable is the funding situation for the Network? |  |
| What **restrictions** are attached to the funding that may restrict the activities of the Network. |  |
| What is the proposed **staffing** of the Network team, including the names of any known staff, their roles and time allotted to Cochrane activities? |  |
| Strategic Plan – what are the proposed activities of the Network? | |
| A **Strategic Plan** (covering 2-3 years) that lists the principal goals of the Network, together with specific intended activities and targets, should be provided. The strategic plan should reflect the core functions of the Networks/Centres (see sample template available separately). | Please provide this on the separate template. |
| Mentorship and support | |
| Which other Cochrane Groups are best placed to offer your Network leadership team mentorship and support based on factors such as language, common specialisms, healthcare setting similarities and geographic location? |  |
| How will your leadership team mentor and support the Network members? |  |
| Conflict of Interest | |
| **Declarations of interest** of the Network Leadership team (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 Network (where applicable. * Key national organisations that will have a role in ensuring the success of the Network. * The institution that is hosting the Network Co-ordinating Centre. * Other individuals whose support is considered important. |  |

Version control

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| Document created: | 9 September 2016 |
| Document last updated: | - |
| Document version: | 0.1 |
| Document author: | Chris Champion (on behalf of CEOO) |
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1. Applicants to register a new Cochrane Affiliate, Associate Centre and Centre need to complete a different form **[Hyperlink to come]** [↑](#footnote-ref-1)