

HEPA EUROPE

EUROPEAN NETWORK FOR THE PROMOTION OF HEALTH-ENHANCING PHYSICAL ACTIVITY

MEMBERSHIP APPLICATION FORM: PART 1

Dear applicant,

The application form consists of two parts:

- Letter of intent (here enclosed); and
- Application questionnaire (separate online document).

We kindly ask you to complete both parts, the questionnaire being an integral part of the application.

How to fill in your application

Please follow the steps below to complete your application forms:

- 1) The letter of intent is a "writable pdf" document designed to be filled in on your computer with Acrobat Reader (version 5 or higher). Fill in the fields below without closing the document during the process (the entered information cannot be saved). Move from field to field with the tab button.
(Should you experience problems, please print out the document and fill it in by typewriter or by hand).
- 2) Print out the letter of intent and have it signed.
- 3) Send or fax the letter of intent to the HEPA Europe Network.
- 4) Fill in the online application questionnaire (part 2 of the membership application form) and submit it.

Your application will be assessed at the next meeting of the Steering Committee, taking place about three times per year. Successful applicants would be given a status of temporary members, until confirmation by the Network at its next annual meeting. This would, however, not affect their ability to take part in the Network activities. Following that meeting, accepted Members will receive an official letter of acceptance.

The information submitted by you will serve two purposes:

- 1) to get to know more about your institution and your interest in the HEPA Europe Network; and
- 2) to ensure that there are no conflicts of interest between your institution or organization and the HEPA Europe Network.

In order to be eligible as a Member of HEPA Europe, institutions and organizations have to:

- ✓ sign this letter of intent.
- ✓ fill in the application questionnaire.
- ✓ appoint a contact person.
- ✓ comply with the rules and regulations of their membership in the HEPA Europe Network (as set out in the Terms of Reference attached to the application questionnaire).

PLEASE RETURN THE LETTER OF INTENT BELOW TO:

HEPA EUROPE NETWORK → hepaeurope@who.int

WHO Regional Office for Europe
Marmorvej 51
DK-2100 Copenhagen Ø
Denmark
Tel.: +45 4533 6822 and +45 4533 6690
Fax: +45 4533 7001 and +45 4533 7003



We thank you very much for your interest in joining the HEPA Europe Network!

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LETTER OF INTENT

Name of the Member institution / organization:

Address of the Member institution / organization (include also phone, fax and generic email, if available):

Name of the contact person for the HEPA Europe Network:

By signing this letter of intent, the undersigned hereby confirms the following:

- to collaborate with the Network and to contribute to the aims of the Network
- to comply with the rules and regulations of the Network with regard to membership as set out in the terms of reference (as attached)
- that no direct or indirect interest exists which may be considered as constituting a real, potential or apparent conflict of interest for your membership in the HEPA Europe Network.
If such an interest exists, please give details below:

- that no direct or indirect relationship exists with organizations that counteract WHO's aims, recommendations or ethical standards (e.g. tobacco industries or others).
If such a relationship exists, please give details below:
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I hereby declare that the disclosed information in this letter of intent and in the enclosed application questionnaire is correct. I undertake to inform you of any change in these circumstances, including if an issue arises during the course of the membership itself.

This letter of intent enters into force upon signature and will be in force for as long as the membership exists.

Name and title of person authorized to sign on behalf of the applicant institution / organization:

Signature/Date:

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Please continue with part 2 of your application (Application Questionnaire).