

ICR Partnership Application Form

Thank you for your interest in becoming part of the International Cancer Research Partnership. A copy of information requested at the point of application is included below. The form can be completed online at <https://www.icrpartnership.org/partner-application>

Organization Information

Organization's Name*

Executive Director / President / Chairperson

Organization's Address 1*

Name*

Organization's Address 2*

Position*

City*

Telephone Number*

State / Province / Territory

Email

Email*

Country

Zip/postal code

Confirm email*

Description of the organization and its mission (this will be used as a description on our website list of partners)*

Brief description of research profile (disease-specific vs. entire research continuum portfolio)*

Year when initiated research program*

Research Investment Budget Information

Current annual research investment budget*

Reporting period (e.g. 2010)*

(Optional) Current annual operating budget

Approximate number of projects funded per annum*

**If your organization's current annual operating budget differs significantly from its annual research investment, you may wish to provide a short explanatory paragraph in your supplementary information*

e.g. if you provide a large amount of funding for cancer care/policy that would not be eligible for inclusion in the ICRP database.

Please tick/check your membership contribution Tier**★

Tier I Tier II Tier III Tier IV Tier V Tier VI

Tiers	Research investment budget (\$US dollars)	Annual membership contribution (\$US dollars)
VI	\$250M or over	25,000
V	\$150M-\$250M	12,000
IV	\$25M-\$149M	8,000
III	\$10M-\$24M	5,000
II	\$5M-\$9M	2,000
I	Less than \$5M	500

Please select the preferred date for payment of annual membership contributions**★

1 January 1 July

(**Please note that your annual membership contribution tier is determined by the current annual research investment budget reported here. The currency exchange rate valid on the date of the membership application pack will be used to determine the US dollar value of your research investment budget)

Contact Person's Information

Please note that this individual will be expected to be an active member of the ICR partnership. Active participation will include monthly teleconferences, membership of an ICRP sub-committee (e.g. research outcomes, data analysis, web development), management of your organization's submission to the ICRP database and participation in portfolio analyses.

Name

Position

Email

Phone

Address

Address 2

City/Town

State/Province/Territory

Zip/Postal Code

Country

ICRP Terms & Conditions of membership

Please confirm your organization's eligibility for membership and acceptance of ICRP's terms

1. Has a scientific peer review system*
2. Agrees to the ICRP's mission statement*
3. Agrees to establish and maintain a system for coding research portfolios to CSO and disease-site codes or use the ICRP Coding Service*
4. Agrees to post its research portfolio annually on the ICRP website, which entails submission of research portfolio datasets to a US database*
5. Agrees to contribute financial support annually for the ICRP to provide administrative support for the partnership and portfolio analyses*
6. Agrees to sustain membership for a minimum of 3 years*
7. Agrees to abide by the Policies and Procedures of the ICRP*
8. Has nominated a contact who will participate actively in the ICRP*

Supplementary Information

In addition to this application form, please provide electronic copies (e.g. pdf) of:

1. A letter from your organization's Executive Director/President/Chairperson indicating commitment to the ICR Partners' Policies and Procedures, a statement of willingness to contribute both financially (through the annual membership contributions) and in kind (e.g. contribution of contact person's time)

No file chosen
[Upload requirements](#)

2. Documentation summarizing your organization's peer review processes, including evidence of an open, competitive process for applications who meet established criteria.

No file chosen
[Upload requirements](#)

For details, refer to our Policies (PDF – 391KB)

For further information, please contact:
Dr. Lynne Davies (Operations Manager)
Tel: +44 788 959 9948
E-mail: operations@icrpartnership.org

last updated: 20 April, 2018