# Application Form

**Call for applications**

**to join the Health Technology Assessment Stakeholder Network**

Please complete this form electronically and send it to: [**SANTE-HTA-NETWORK@ec.europa.eu**](mailto:SANTE-HTA-NETWORK@ec.europa.eu) **by 17:00 CET on 17 February 2023**

|  |
| --- |
| **Full name of the organisation:** |
| **Registered address of the organisation (address of legal establishment):** |
| **Names and job titles of appointed representatives for participation in the HTA Stakeholder Network (max. two):** |
| **Contact details:**  Name of contact person:  E-mail address:  Telephone number:  Postal address: |

# ELIGIBILITY CRITERIA

Please describe how your organisation fulfils the eligibility criteria listed in Section 2.1 of the call. Where appropriate, please provide internet links leading to evidence proving the statements that are made in the application form.

|  |  |
| --- | --- |
| **Is your organisation established as a not-for-profit legal entity?** | 🞏 yes  🞏 no  *(insert link to the record in the company registry or equivalent proof)* |
| **EU Transparency Register number** |  |
| **Which stakeholder group, in particular those listed in Article 29(2) of Regulation (EU) 2021/2282, does your organisation belong to? (Please tick the appropriate box)** | 🞏 patient association  🞏 consumer organisation  🞏 health technology developer association  🞏 health professionals’ organisation  🞏 clinical and learned society  🞏 other non-governmental organisation in the field of health  🞏 none of the above (in this case write below what type of stakeholders your organisation represents) |
| **Describe your organisation’s current or planned engagement in HTA development.** **(Please refer to scientific reports or initiatives, activity reports, work plans, position papers, active working groups, EU-funded actions etc.)** | *[Max 300 words + links]* |
| **Describe your organisation’s expertise relevant to the Union cooperation on HTA** | *[Max 300 words + links]* |
| **Geographical coverage of several Member States/EEA countries.** (Please list the countries that your organisation works with in its HTA related activities and describe the nature of these activities.) | *[Max 300 words + links]* |
| **Describe your organisation’s communication and dissemination capabilities** | *[Max 300 words]* |

# DECLARATIONS FOR THE ORGANISATION

Each application must include, together with the application form, the following documents:

* A **motivation letter** of max. one page explaining why your organisation would like to join the HTA Stakeholder Network and the contribution your organisation expects to make.
* **Sources of funding** (please use the table in Annex)
* **Declaration of membership in other organisations/networks**

# DECLARATIONS FOR THE NOMINATED REPRESENTATIVES

* **Information concerning the nominated representative(s)**: first name, last name; function/title in the organisation; contact details (e-mail address, telephone number, postal address, country); a description of the specific expertise and experience relevant to the Union cooperation on HTA (one page max. for each representative).
* **Declaration(s)** **of the nominated representative(s)** about any financial or other interests in the health technology developers’ industrial sector that could affect their independence or impartiality.

Please declare that you have attached the following information to the application form:

|  |  |
| --- | --- |
| **Motivation letter (max. one page)** | 🞏 yes  🞏 no |
| **Declaration of sources of funding** | 🞏 yes  🞏 no |
| **Declaration of membership in other organisations/networks** | 🞏 yes  🞏 no |
| **Information concerning the nominated representatives** | 🞏 yes  🞏 no |
| **Declaration(s)** of any financial or other interests **of the nominated representative(s)** | 🞏 yes  🞏 no |

Name of the person applying on behalf of the organisation: ………………….

Date: ………………….

Signature …………………..

**ANNEX**

**Declaration of sources of funding**

**Name of the organisation: ………………………………………….**

|  |  |  |
| --- | --- | --- |
| INDUSTRY[[1]](#footnote-1) RELATED INCOME[[2]](#footnote-2) | | |
| Name of company/ funder | **Amount of income** | **% of overall organisation’s income** |
| <insert name of company> | <insert amount> | <insert %> |
| <insert name of company> | <insert amount> | <insert %> |
| <insert name of company> | <insert amount> | <insert %> |
| <insert name of company> | <insert amount> | <insert %> |
| <insert name of company> | <insert amount> | <insert %> |
| *Add lines as necessary* |  |  |
| Subtotal | <insert subtotal> | <insert subtotal %> |

|  |  |  |
| --- | --- | --- |
| NON-INDUSTRY RELATED INCOME | | |
| Source of funding[[3]](#footnote-3) | **Amount of income** | **% of overall organisation’s income** |
| <insert source of funding> | <insert amount> | <insert %> |
| <insert source of funding> | <insert amount> | <insert %> |
| <insert source of funding> | <insert amount> | <insert %> |
| <insert source of funding> | <insert amount> | <insert %> |
| <insert source of funding> | <insert amount> | <insert %> |
| *Add lines as necessary* |  |  |
| Subtotal | <insert subtotal> | <insert subtotal %> |
| Total[[4]](#footnote-4) | <insert total> | <insert total %> |

Link to the organisation’s financial statement/report:

|  |
| --- |
| Comments, explanatory notes |
|  |

1. Industry is defined as commercial manufacturers of healthcare products and services, including distributors and wholesalers, etc. [↑](#footnote-ref-1)
2. This should reflect the overall funding received from industry, including, e.g. projects, conferences, etc. [↑](#footnote-ref-2)
3. E.g. membership fees, grants, and other non-industry funding. [↑](#footnote-ref-3)
4. In case the total figures in this table do not match those in the financial statement, please provide justification (attached here or as an email). [↑](#footnote-ref-4)