Application Questionnaire for Institutions wishing to become a WHO Chemical Risk Assessment Network Participant

<table>
<thead>
<tr>
<th>INSTITUTION Proposed to be the “Network Participant”</th>
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<tbody>
<tr>
<td><strong>INSTITUTION NAME</strong></td>
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<td><strong>INSTITUTION TYPE</strong></td>
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<td><strong>(please check one)</strong></td>
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<td><strong>Other</strong></td>
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1 NGOs that are not in official relations with WHO are not eligible for participation at this time

2 Any other entity with expertise concerning chemical risk assessment. Such entities shall be free from concerns which are primarily of a commercial or profit-making nature.

Name and full contact Information, including email address, for correspondence concerning this application

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Risk Assessment Expertise

In what type(s) of chemical risk assessment activities is your institution currently involved? Please check all that apply and/or provide more information below.

Basic/Simple | Predictive/Computational methods
Advanced/Complex | Toxicology (specify area as appropriate below)
Regulatory | Epidemiology
Advisory | Exposure sciences
As part of Risk Management | Biomonitoring
Environmental health | Biostatistics
Occupational health | Research
Training | Data generation in support of risk assessment
Methodology development | Other (please elaborate below)
Contribution to Network

Towards which of the following Network objectives could your institution contribute? Please check all that apply and/or provide more information below.

☐ Scientific and technical exchange
☐ Facilitate and contribute to capacity building
☐ Promote best practices and the harmonization of methodologies
☐ Assist in the identification of research needs and application of new science in risk assessment practice
☐ Assist in the identification of emerging risks to human health from chemicals
☐ Share information about work programmes to avoid duplication of effort
☐ Assist WHO in the development of training and other materials in support of the above

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Do you anticipate the contribution would be in the form of:

☐ In-kind contribution
☐ Information sharing
☐ Technical expertise
☐ Financial support
☐ Other

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Submission of Completed Questionnaires

Please forward completed questionnaire, to WHO at the following address:

E-mail: ipcsmail@who.int.

or: Department of Public Health, Environmental and Social Determinants of Health
World Health Organization
20 Avenue Appia
CH-1211 Geneva 27
Switzerland

Applications will be considered by WHO and submitters will be informed of the decision concerning acceptance as a Network Participant. Institutions invited to become a Network Participant will be requested to reply in writing confirming their adherence to the Network Terms of Reference and nominating the representative of the institution.