THE PARTNERSHIP FOR MATERNAL, NEWBORN & CHILD HEALTH
(THE PARTNERSHIP: PMNCH) ON-LINE APPLICATION FORM

* Mandatory fields

GENERAL INFORMATION

Name *
Title *
Country *
Name of institution *
Type of institution *
  □ Healthcare Professional Associations (HCPAs)
  □ Academic, Research and Training Institutions (ARTs)
  □ Donors and Foundations (D&Fs)
  □ Non-governmental Organizations (NGOs)
  □ Private Sector (PS)
  □ Multilateral Agencies/International Organizations (Mos)
  □ Partner Countries (PCs)
  □ Adolescents and Youth (A&Y)

E-mail *
The e-mail format is xxxx@yyyy.zzzz

Website *
The URL format is http://xxxxx.

NOMINATED FOCAL POINT FOR The Partnership TO CONTACT REGULARLY
(To be Displayed Online)

Name *
Title *
Position/job title *
E-mail *
The e-mail format is xxxx@yyyy.zzzz

Phone *
Country code + phone number
SRMNCAH PRIORITIES

Areas(s) of interest in Sexual, Reproductive, Maternal, Newborn, Child and Adolescents Health (SRMNCAH)

- Accountability
- Advocacy
- Child health
- Child marriage
- Climate change and environmental health
- Education
- Family planning
- Health system strengthening
- Human right
- Maternal and reproductive health
- Midwifery
- Newborn health
- Nutrition
- RMNCH commodities
- Violence
- Water and sanitation
- Youth and adolescent health
- Other:

Countries/Regions of activities *

Does your institution have priorities in the area of SRMNCAH? *

- Yes
- No

If yes, please specify in the space provided below: *

SRMNCAH PROJECTS

Does your institution have any current SRMNCAH projects or initiatives? *

- Yes
- No

If yes, please briefly describe them in the space provided below:
CONTACT WITH PMNCH

Have you been in touch with PMNCH before? *

☐ Yes  ☐ No

If yes, please specify in the space provided below or provide web links:

---

ARMS/TOBACCO/BREAST MILK SUBSTITUTES RELATED DISCLOSURE STATEMENT

My entity/organization/institution does not have or has had during the past four years any formal association, affiliation or link, with the tobacco or arms industry, or any subsidiary of a tobacco/arms/breast milk substitute company or commercial entity involved with the manufacture, sale, or distribution of tobacco/arms/breast milk substitutes or tobacco related products.

Formal association, affiliation or link with the tobacco, breast milk substitutes or arms industry may include, but is not limited to:

a) consultancies or contractual/commercial relationships involving business (e.g. licensing, joint venture or research and development agreements) or other interests (e.g. advocacy or public relations)

b) the possession of a financial stake, e.g. shareholdings or bonds

c) a proprietary interest in a substance, technology or process (e.g. ownership of patent)

d) any programmes, initiatives, research, or projects, either independent or jointly administered which have been directly or indirectly endorsed, funded either monetarily or otherwise, or promoted by the tobacco/breast milk substitutes/arms industry, a subsidiary of a tobacco/arms/breast milk substitutes company, or any commercial entity involved with manufacture, sale, or distribution of tobacco/breast milk substitutes/arms or tobacco related products

e) financial interests, controlling interests (i.e. senior-level individuals, including executive board members, with current or previous affiliations, financial or otherwise, with the tobacco/breast milk substitutes/arms industry

I also understand that the PMNCH Secretariat reserves the right to request additional information from my organization/institution in this regard.

The Partnership for Maternal, Newborn & Child Health reviews all applications received. PMNCH reserves the right at all times to reject applications or terminate membership arrangements that do not meet the criteria, breach the principles established, or otherwise conflict with, the policies of PMNCH and its hosting organization, the World Health Organization (WHO).

DECLARATION. I hereby declare that the disclosed information is true and complete. Should there be any change to the above information, I will promptly notify the PMNCH Secretariat of relevant changes. *

☐

Name *

Organization *
Please declare any interests that could constitute a real, potential, or apparent conflict of interest with respect to The Partnership for Maternal, Newborn & Child Health.

**RESPONSIBILITIES**

Partnership agreement *

☐ I have read and agree with the mission and vision of The Partnership, the operational principles of The Partnership, and the principles of engagement with PMNCH.

☐ As a duly authorized representative of my organization, I declare it to be in full agreement with the goals and values of The Partnership for Maternal, Newborn and Child Health.

☐ I understand and agree with the criteria and responsibilities of members, as defined herein.

Add colleagues’ e-mails who would also like to receive the PMNCH electronic newsletter.

Please list them separated by commas:

Signature *

Date *

Once the application has been completed, please either email it to pmnch@who.int or send it to the secretariat at the address below.

The Partnership for Maternal, Newborn & Child Health
c/o World Health Organization
20 Avenue Appia, CH-1211 Geneva 27, Switzerland
Telephone: +41 22 791 2595
Fax: +41 22 791 5854
pmnch@who.int
www.pmnch.org