**GEMINI Investigator Application Form**

***INSTRUCTIONS:*** *There are two parts to this form. Part A is to be completed and submitted by the individual applying for GEMINI Investigator status. Part B is for review and completion by the GEMINI Project and Publications Committee. Please submit this form (with Part A completed and Part B blank), along with the requested documents listed at the bottom of this page, via email to* [*GEMINI.Research@unityhealth.to*](mailto:GEMINI.Research@unityhealth.to)*.*

***PART A – APPLICATION:*** *Please complete the following section with the requested information (1-2 pages max). For your reference, the criteria to become a GEMINI Investigator is as follows:*

1. *Absence of unmanageable conflicts of interest as determined by the GEMINI Co-Principal Investigators (Fahad Razak and Amol Verma).*
2. *Has led at least 2 projects with sensitive health data and has strong knowledge of GEMINI data and governance policies, as demonstrated by leading publications with GEMINI data (first or senior author) and/or receiving research funding that primarily uses GEMINI data.*
3. *An Ontario university academic appointment at the level of Assistant Professor or higher.*

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| **CONTACT INFORMATION** | |
| **Full Name:** |  |
| **Job Title:** |  |
| **Home Institution:** |  |
| **Academic Appointment:** |  |
| **Email:** |  |
| **Phone Number:** |  |

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| --- | --- | --- |
| **EXPERIENCE** | | |
| **Briefly outline your experience leading 2 projects with sensitive health information:** | **Project 1:** | |
|  | |
| **Project 2:** | |
|  | |
| **List any/all publications using GEMINI data that you have led (first or senior author):** |  | |
| **List any/all research funding primarily using GEMINI data that you have received:** |  | |
| **Confirm that the following documents are included in your application email:** | Conflict of Interest Form[[1]](#footnote-1): | Yes No |
| Curriculum Vitae | Yes No |

***PART B – REVIEW & APPROVAL:***

|  |  |  |
| --- | --- | --- |
| **To be completed by the GEMINI Projects and Publications Committee:** | | |
| **Reviewer #1**  *Name:*  *Date of Decision:*  *Reviewer #1 Decision:* | Individual has led at least 2 projects with sensitive health data and has strong knowledge of GEMINI data and governance policies, as demonstrated by leading publications with GEMINI data (first or senior author) and/or receiving research funding that primarily uses GEMINI data.  Individual has a current Ontario university academic appointment at the level of Assistant Professor or higher. | |
| **Approved** | **Denied** |
| **Reviewer #2**  *Name:*  *Date of Decision:*  *Reviewer #2 Decision:* | Individual has led at least 2 projects with sensitive health data and has strong knowledge of GEMINI data and governance policies, as demonstrated by leading publications with GEMINI data (first or senior author) and/or receiving research funding that primarily uses GEMINI data.  Individual has a current Ontario university academic appointment at the level of Assistant Professor or higher. | |
| **Approved** | **Denied** |
| **P&P Committee**  *Date of Decision:*  *Final Decision:* | Comments *(optional if approved, mandatory if rejected):* | |
| **Approved** | **Denied** |

1. The Conflict of Interest (COI) form can be in any format or re-used from previous COI forms you may have filled out for other organizations. If you do not already have a COI form prepared, you may use the template located on the [“Resources for Researchers” page](https://geminimedicine.ca/resources/) on the GEMINI website. [↑](#footnote-ref-1)