**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**.*

***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.*

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

|  |
| --- |
| **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)