**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.
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: |  |

**EXPERIENCE:**

|  |  |
| --- | --- |
| **Briefly outline your experience leading two projects with sensitive health information:** | |
| Project 1: |  |
| Project 2: |  |

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| **Provide a link/citation for any publications using GEMINI data that you have led (first or senior author):** |
| 1.  2.  3.  4. |

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| --- | --- | --- |
| **List any research funding primarily using GEMINI data that you have received:** | | |
| Name of the Grant | Role in Grant | Funding Source |
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| **Prior to submission:** | |
| Please confirm that the following documents attached to your submission email: | 1. Conflict of Interest Form[[1]](#footnote-1):  Yes  No  2. Curriculum Vitae:  Yes  No |
| By clicking “I agree”, you acknowledge that the above information is accurate and will be documented internally. | I agree |

**PART B – REVIEW & APPROVAL:**

|  |  |  |
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| **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 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)