**Application for MCID Membership**

**by nomination through the MCID Directorate**

|  |  |
| --- | --- |
| Applicant  (Name, First Name) |  |
| Institutional Affiliation |  |
| Nominating MCID Director |  |
| Date |  |

An application for MCID Membership can only be made by principal investigators[[1]](#footnote-2) currently employed at the University of Bern, Inselspital or officially affiliated institutes. For details regarding MCID Membership, please consult the [MCID Geschäftsordnung and Framework agreement](https://www.mcid.unibe.ch/about_us/organization/index_eng.html).

Decisions regarding MCID membership will be made based on the following criteria:

* Profile for academic excellence in chosen field of research within and beyond the University of Bern and internationally
* Evidence of and/or commitment to study and mitigation of risks from infectious disease at the level of health / healthcare / society / ethics / economics
* Commitment to a multi-disciplinary approach to research

Please submit your complete application documents, in the order below, to the MCID via email ([rebecca.limenitakis@unibe.ch](mailto:rebecca.limenitakis@unibe.ch)) with the subject heading “MCID Membership application”. Please note, that to apply for MCID Membership, it is necessary to secure nomination through an [MCID Directorate Member](https://www.mcid.unibe.ch/about_us/management/index_eng.html).

For this application, the following documents are needed:

* Completed Application Form
* Applicant’s CV
* Applicant’s list of publications
* Application letter explaining why MCID membership is sought (1-2 pages max.)
* MCID Director support letter

Decisions regarding applications for MCID Membership will be made by the MCID Directorate biannually. The MCID Management Office can provide information regarding deadlines for application submission.

**Applicant Information**

**General information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **First name** | | **Title** |
|  |  | |  |
| **Institute / clinic** | | **Faculty** | |
|  | |  | |
| **Function / position within the institute / clinic** | | | |
|  | | | |

**Eligibility and employment status**

|  |
| --- |
| **Are you an employee of the University of Bern, Inselspital or of an officially associated institute?** |
|  |
| **Which of the seven MCID research clusters most closely matches the key topics of your research, especially as relates to the mission statement of the MCID?** |
|  |
| **Do you foresee the possibility of acquiring third-party funding on topics aligned to the mission statement of the MCID?** |
|  |

**Additional Information**

|  |
| --- |
| **Please provide here any additional information that you think is relevant to this application (not required)** |
|  |

Please sign below to acknowledge that you have read and understood the [Geschäftsordnung and Framework Agreement](https://www.mcid.unibe.ch/about_us/organization/index_eng.html) associated with the MCID and agree to abide by the contents of these documents should your MCID Membership application be successful.

**Signature of applicant**

|  |  |
| --- | --- |
| **Place and date** | **Signature** |
|  |  |

**Signature of nominating Directorate member**

|  |  |
| --- | --- |
| **Place and date** | **Signature** |
|  |  |

1. 1  In certain cases, applications for MCID Membership may be considered for those without principal investigator status but who have secured nomination by an MCID Directorate Member owing to their role in one of three MCID Core Activities or in MCID Teaching and Outreach. [↑](#footnote-ref-2)