

APPLICATION FOR AFFILIATE MEMBERSHIP OF CANCER PREVENTION EUROPE

The international and multidisciplinary Cancer Prevention Europe (CPE) consortium was created in 2018 to develop world-class prevention research to be translated into effective cancer prevention guidelines and policies at the national and international level. CPE is a consortium of leading European research institutions committed to prioritizing cancer prevention through cooperation between countries and programmes.

The mission of CPE is to reduce morbidity and mortality from cancer in European populations through prevention and earlier detection of the disease. This will be accomplished through (1) research into optimizing the implementation of known preventive strategies, (2) the dissemination of established best practices in prevention, in order to see innovative research translated into effective cancer prevention guidelines and policies nationally and internationally, and (3) research into the identification of novel targets for prevention.

The organizational structure of the CPE consortium comprises the following types of members: Core Members, Full Members, and Affiliate Members. Eligible applicants for **Affiliate Membership** are:

- organizations, networks, and consortia consisting of member institutions active in cancer prevention research, implementation, or advocacy;
- individuals with a documented role in cancer prevention research, implementation, or advocacy;
- research institutions that specialize in cancer research but not in cancer prevention research.

No financial contribution will be requested. **Affiliate Members** will be included in email distribution lists to receive news from CPE.

Please ensure that all information entered below is correct and that you answer all questions accurately. These details will form the basis of your membership, and any incorrect information could invalidate your application to become an **Affiliate Member**.

Please complete this form electronically and return it to: cpe@iarc.fr

1 Contact Details

Institution/Organization/Individual

Address:

Number

Street

City

Postal code

Country

Tel.:

Email:

Name of the representative of the Institution/Organization (Title, First Name, Surname):

2 Area of Expertise

Please describe all areas in which your Institution/Organization or the individual applying is qualified to be considered to become an **Affiliate Member**.

Signature

Date

TOBACCO /ARMS RELATED DISCLOSURE STATEMENT FOR NON-STATE ACTORS¹

Pursuant the WHO Framework of Engagement with Non-State Actors, WHO does not engage with the tobacco industry or non-State actors that work to further the interests of the tobacco industry. WHO also does not engage with the arms industry².

For the purposes of this statement:

- tobacco industry means any entity involved in the manufacture, sale or distribution of tobacco and related products, and any affiliate of such entity; and
- arms industry means any entity involved in the manufacture, sale or distribution of arms, and any affiliate of such entity.

This disclosure statement needs to be provided by any nongovernmental organization, private sector entity, philanthropic foundation and academic institution prior to engaging with WHO.

In view of the foregoing, please answer the following questions:

1. Is your entity, or was your entity over the last four years, part of the tobacco or arms industries (as defined above)? ☐ Yes ☐ No Unable to answer ☐

2. To the best of your entity's knowledge, is your entity, or has your entity over the last four years, engaged in activities that are aimed at furthering or supporting the interests of the tobacco industry? This includes, but is not limited to, supply contracts, contract work, services and lobbying.

☐ Yes ☐ No Unable to answer ☐

3. To the best of your entity's knowledge, does your entity currently, or did your entity over the last four years, have any other association or relationship with the tobacco industry (as defined above). This includes in particular investment interests (other than general mutual funds or similar arrangements whereby your entity has no control over the selection of the investments), commercial business interests, the provision or receipt of financial and/or other support.

☐ Yes ☐ No Unable to answer ☐

¹ Nongovernmental organizations, private sector entities, philanthropic foundations and academic institutions.

² Paragraph 44, Framework of Engagement with Non-State Actors.

4. If you have answered yes to any of the above or are unable to answer one or more questions, please provide a general statement of explanation.

Please note that the WHO Secretariat reserves the right to request additional information from your entity in this regard.

By providing this statement, your entity commits to promptly inform WHO of any change to the above information and to complete a new statement that describes the changes.

Signature: _____
(duly authorized representative)

Name and Title of duly authorized representative:

Name of entity:

Date: