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**SCHOOLS FOR HEALTH IN EUROPE RESEARCH GROUP**

Membership Form

**Criteria for becoming a member of the SHE research group:**

* At least a master´s degree with reference to health promotion or prevention (or related disciplines, e.g. medicine, health psychology, sociology) or education
* At least three scientific publications (e.g. journal article, book chapter) with reference to school health promotion and education
* Participation in at least one project on school health promotion and education within the last three years

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| **Personal Information** |
| Last Name\* |  |
| First Name\* |  |
| Highest educational degree |  |
| Your affiliation (University, Department, Institute) \* |  |
| Web page (institution) |  |
| Mailing address (country, city, street, postal code) |  |
| Email address\* |  |
| Link to your professional website (ResearchGate, your website, your work organization's website (with your information)\* |  |

\* will be visible in the SHE RG website unless not prohibited

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| **Research focus and experience** |
| Please indicate your research focus in the area of school health promotion (up to 5 bullet points) | 1. Research focus 1
2. Research focus 2
3. Research focus 3
4. Research focus 4
5. Research focus 5
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| Please indicate the projects on school health promotion and prevention in which you are or where involved (up to three in the last 3 years) | 1. Project title, scope (regional, national, European), duration, your role
2. Project 2
3. Project 3
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| Please indicate up to five authored or co-authored publications in the area of school health promotion (please provide full references) | 1. Publication 1
2. Publication 2
3. Publication 3
4. Publication 4
5. Publication 5
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| Please indicate memberships to other networks, scientific societies, associations) | 1. Membership 1, your role
2. Membership 2, your role
3. …
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| **Contribution to SHE**  |
| Please indicate how you can contribute to the SHE network/ research group (please use the SHE position paper as reference) |  |

When signing this membership form I confirm that I read and accepted the

* SHE Research Position Paper
* Terms of Reference of the SHE Network and the
* Code of Practice

I also confirm that I am aware of that my membership will be listed on the SHE webpage with my name, country, organisation, email address and professional website link, and that this will be available for other members of the group and the SHE secretariat. I can, at any time, ask to leave the group, in which case SHE will delete my data from all lists.

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Date Name and Signature

Please send your completed form to: uped@ucsyd.dk