# NHS England logoApplication form for European Reference Networks (ERNs) affiliated partners to the ReCONNET ERNs

**Background**

Nominations are being sought for providers (one adult and one paediatric) from the UK to become members of the ReCONNET ERN.

Providers wishing to be nominated should complete the attached application form. Applications will be considered by a Panel that includes clinical, commissioning and lay expertise.

**Background reading**

Before completing the attached form, please familiarise yourself with the following documents/links:

ReCONNET ERN website:

<https://rd-connect.eu/>

NHS England service specification for Specialised Rheumatology (adults)

<https://www.england.nhs.uk/commissioning/spec-services/npc-crg/group-a/a09/>

OR

NHS England service specification for Paediatric Medicine: Rheumatology

<https://www.england.nhs.uk/commissioning/spec-services/npc-crg/group-e/e03/>

Statement adopted by the Board of Member States on the definition and minimum recommended criteria for Associated National Centres and Coordination Hubs designated by Member States and their link to European Reference Networks:

<https://ec.europa.eu/health/sites/health/files/ern/docs/boms_affiliated_partners_en.pdf>

Rules for Termination of Affiliated Partners: https://ec.europa.eu/health/sites/health/files/ern/docs/2018\_rulestermination\_ap\_en.pdf

**Guidance notes**

* Please complete the attached form and e-mail to: ern.application@nhs.net
* The closing date for completed forms is 5pm on Friday 9 November

# Application form for ERN affiliated partners to the ReCONNET ERN

Internal use only

Reference:

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| --- | --- |
| **Name of NHS Trust** |  |
| **Name and contact details of the person who is making the application** | Name:Title:Email address: |
| **Please confirm that your organisation holds a contract with NHS England for specialist rheumatology services and that you are compliant with the service specification[[1]](#footnote-1)** | **Yes** [ ]  **No** [ ]   |
| **Please describe how your organisation would contribute to the stated objectives of the ReCONNET ERN** |  |
| **Please confirm that you have been in contact with the coordinator of ReCONNET, Professor Marta Mosca, to discuss how you would contribute to the ERN and that this contribution has been agreed with her** | **Yes** [ ]  **No** [ ]   |
| **Please outline how many patients your organisation sees per annum, in sub-specialty areas if possible** |  |
| **Please list and attach three key publications that your organisation has published on the areas covered by the ERN over the last three years** |  |
| **Please describe the way in which your organisation has the capacity to process, manage and exchange information with the ReCONNET ERN, including how this will conform with UK data protection laws** |  |
| **Please describe how your organisation will disseminate information from the ERN to other providers of specialist rheumatology services in the UK** |   |
| **Please confirm that this application has the support of your organisation’s Chief Executive?** | **Yes** [ ]  **No** [ ]   |

1. Or equivalent within Scotland, Wales and Northern Ireland for non-English providers [↑](#footnote-ref-1)