GLOBAL HANDWASHING PARTNERSHIP

Application to join the Global Handwashing Partnership

Application type: *(check one)*	Member		Resource contributor	

Organization:

Contact Name:

Job title:

Address:

Email:

Tel:

Type of organization

Academic (affiliated to research institution)	
Donor	
Government agency	
Multi-lateral agency	
Non-governmental organization	
Private sector entity	
Other – please describe:	

Organization website:

Describe your organization's handwashing activities/why handwashing is important to your organization (please provide wording we can publish next to your organization's name on our website):

In which countries do you operate:

Describe your organization's proposed annual contribution to the work of the GHP

Type	Description
Financial	
Other	

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GHP Principles for Engagement

Principle		Description of how organization fills principle (please complete this column)
Strategic Alignment		
1	The organization must have an interest in promoting handwashing that aligns with the organization's goals and extends beyond PR opportunities.	*Describe nature of organization's interest.*
2	The organization must support the concept of partnering across sectors to drive and increase impact of handwashing promotion.	*I confirm that my organization [insert name] supports/ does not support this concept.*
3	The organization must not have goals, activities, or partnerships that contradict or negatively impact on handwashing promotion, or the promotion of health and wellbeing.	*I confirm that my organization [insert name] does/does not have goals, activities or partnerships that contradict or negatively impact on handwashing promotion, or the promotion of health and wellbeing.* *If organization does have these, please describe.*
4	The organization must not be primarily involved in tobacco or the manufacture or sale of firearms or narcotics or pornography (i.e., involvement in these activities must not constitute a significant share of company's total portfolio.)	*I confirm that my organization [insert name] is/is not primarily involved in tobacco or the manufacture or sale of firearms, narcotics or pornography.*
Reputation and ethical practices		
5	The organization must have a good reputation, especially in areas of corporate social responsibility (CSR). The organization must have not been the focus of significant negative media attention related to social responsibility issues in the last ten years.	*Briefly describe, or provide a link to a page on your website that provides information*

6	The organization must assess and address in decision-making the foreseeable environmental, health, and safety-related impacts associated with the processes, goods and services of the enterprise over their full life cycle, and provide the public and employees with adequate and timely information on the potential environmental, health and safety impacts of the activities of the enterprise.	*Briefly describe, or provide a link to a page on your website that provides information*
7	The organization must maintain contingency plans for preventing, mitigating, and controlling serious environmental and health damage from their operations, including accidents and emergencies; and mechanisms for immediate reporting to the competent authorities.	*Briefly describe, or provide a link to a page on your website that provides information*
Independence		
8	The organization must recognize that GHP does not endorse specific organizations, their products or services.	Yes No
9	The organization must agree that pursuit of the public health goal takes precedence over the interests of any individual organization or group of organizations wishing to engage with GHP.	Yes No
10	The organization will declare any interests that could constitute a real, potential, or apparent conflict of interest with respect to the GHP not otherwise covered in this application.	*Please declare here*

Partnership agreement

	YES	NO
As a duly authorized representative of my organization, I declare it to be in full agreement with vision and mission of the GHP.		
I understand and agree with the defined criteria and responsibilities of members.		
My organization accepts the principles of engagement with GHP.		

Communications

Name of Point of Contact (if different) for GHP to contact regularly:

Point of contact job title:

Point of contact email:

Point of contact telephone:

Add colleagues' e-mails who would also like to receive the GHP Soapbox e-newsletter below

Name	Job title	Email address

The GHP Secretariat reviews all applications received. GHP reserves the right at all times to reject applications or terminate membership arrangements that do not meet the criteria, breach the principles or otherwise conflict with the policies of GHP.

DECLARATION. I hereby declare that the disclosed information is true and complete. Should there be any change to the above information, I will promptly notify the GHP Secretariat of relevant changes.

Name:

Organization:

Date:

Next steps

If we have further questions about your application, we will contact you.

If your application is accepted, you will receive a welcome email, followed by monthly editions of the Soapbox e-newsletter. Your organization will be listed as a member on the GHP website.

If you have further questions, please contact the Secretariat Director, Carolyn Moore at cmoore@fhi360.org.