

## WHO VACCINE SAFETY NET (VSN) APPLICATION FORM

## **IMPORTANT**

Before filling this form, please carefully review the VSN criteria and check the compliance of your website to the criteria. If you feel that your website meets the VSN criteria, kindly fill this form in English and send it to: <a href="mailto:pvsupport@who.int">pvsupport@who.int</a>.

Website URL	
Name of website	
Country of website	
Website language(s)	
	Family name (Surname):
Contact person information	First name:
	Title of your post:
	Email address:
Purpose or mission of website	
	☐ Academic
Type of organization	☐ Community Group
	☐ Governmental
	☐ International
	☐ Private (either non-profit or profit)
	☐ Professional Association
	□ Others
Engagement with tobacco and	You may select more than one option depending on your situation. If you select "others", please explain the nature of your organization in the "Additional Comments (optional)" session on the next page.
	□ Yes
	□ No
arms industry  Funding sources of website	WHO does not engage with the tobacco or arms industries. Websites associated with the tobacco or arms industries are not eligible to join the VSN.
	☐ Government
	☐ Non-government
	☐ Government & non-government (mixed)
	Please provide the URL where funding information is available on your website. If funding information is not available on your website, please explain the reason for this:



Editorial policy of website	Please provide statement of editorial policy (including guarantee of independence of editorial process):  Please provide the URL where this information can be found on your website:
Vaccine safety information	Please provide the following details for five vaccine safety-related information items (e.g., articles, videos, etc.) published on your website in the past two years:  ① Title: Publication date:
	URL: ② Title: Publication date: URL:
	③ Title: Publication date: URL:
	④ Title: Publication date: URL:
	⑤ Title: Publication date: URL:
Additional Comments (optional)	Is there any other information you would like to provide in support of your application?
Commitment	By submitting this form, I confirm that all the information provided is accurate and true to the best of my knowledge.  e-Signature (print your family name here): Date: