# Northern Ireland Health Collective (NIHC)

**Strategic Partner Membership Application Form – 2025/26**

## Section 1: Applicant Details

**Organisation Name (Full official name):** Click or tap here to enter text.

**Abbreviated Name (if applicable):** Click or tap here to enter text.

**Website:** Click or tap here to enter text.

**Social Media:** Click or tap here to enter text.

**Primary Contact Person**

* **Name:** Click or tap here to enter text.
* **Position / Role:** Click or tap here to enter text.
* **Email:** Click or tap here to enter text.
* **Phone:** Click or tap here to enter text.

**Secondary Contact Person (optional)**

* **Name:** Click or tap here to enter text.
* **Position / Role:** Click or tap here to enter text.
* **Email:** Click or tap here to enter text.
* **Phone:** Click or tap here to enter text.

## Section 2: About Your Organisation

1. **Brief Description of Your Organisation:**

Click or tap here to enter text.

1. **Year Established:** Click or tap here to enter text.
2. **Organisation Type:** Choose an item.
3. Key Sectors You Work In:

Health  
Social Care  
Community Health and Wellbeing

Research & Innovation

Policy & Advocacy

Other (please specify):Click or tap here to enter text.

1. **Geographic Coverage**

UK wide

All Ireland

Northern Ireland-wide  
 Regional (please specify eg Trust or Council area): Click or tap here to enter text.  
 Local (please specify): Click or tap here to enter text.

## Section 3: Membership Responsibilities

* Actively contribute to NIHC’s strategic objectives.
* Participate in NIHC activities, forums, and working groups as appropriate.
* Provide information, evidence, and expertise to support collaborative work.
* Communicate involvement internally and externally as relevant.
* Consent to use of organisation’s name and logo in NIHC communications.

**I agree to the above membership responsibilities.**

## Section 4: Additional Information

1. **Why do you wish to join NIHC as a Strategic Partner?**

Click or tap here to enter text.

1. **Key areas of interest, collaboration, or shared priorities:**

Click or tap here to enter text.

1. **Any existing collaborations with NIHC members or the wider VCSE sector?**

Click or tap here to enter text.

## Section 5: Declaration

I confirm that the information provided is correct and that my organisation meets the eligibility criteria for NIHC Strategic Partner membership. I have permission and authority to apply for membership on behalf of my organization.

**Name:** Click or tap here to enter text.

**Position:** Click or tap here to enter text.

**Signature:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.

## Section 6: Submission

Please submit your completed form to: [michelle@nihealthcollective.org.uk](mailto:michelle@nihealthcollective.org.uk) or complete online at: [www.nihealthcollective.org.uk/join](http://www.nihealthcollective.org.uk/join)

**For Internal Use:**

Application received (Date):

Logo received:    Yes     No

Application Approved (date):

Application Approved by:

Application Declined by:

 Member notified (date):