# Proposal to establish an ASCILITE Special Interest Group (SIG)

Please email your completed form, together with any relevant supporting documents to the ASCILITE Secretariat [secretariat@ascilite.org](mailto:secretariat@ascilite.org)

Note that ASCILITE membership must be kept up-to-date for SIG Leaders and co-leaders. If you are unsure of your membership renewal date, please check with the ASCILITE Secretariat.

|  |  |
| --- | --- |
| Proposed Name of SIG: |  |
| Submitted on (date): |  |

## SIG Leader\*

*\*principal liaison between the SIG and the ASCILITE Executive/Secretariat*

|  |  |
| --- | --- |
| Title & Name: |  |
| Position: |  |
| Institution: |  |
| Phone: |  |
| Email: |  |
| ASCILITE membership current until: |  |

## SIG co-leader

|  |  |
| --- | --- |
| Title & Name: |  |
| Position: |  |
| Institution: |  |
| Phone: |  |
| Email: |  |
| ASCILITE membership current until: |  |

## SIG co-leader

|  |  |
| --- | --- |
| Title & Name: |  |
| Position: |  |
| Institution: |  |
| Phone: |  |
| Email: |  |
| ASCILITE membership current until: |  |

## SIG co-leader

|  |  |
| --- | --- |
| Title & Name: |  |
| Position: |  |
| Institution: |  |
| Phone: |  |
| Email: |  |
| ASCILITE membership current until: |  |

## Policy & Procedures

I/ We have read the ASCILITE Policy & Procedure document for establishment of a SIG and agree to the terms and conditions described within:

|  |  |
| --- | --- |
| Yes/No |  |

### SIG Aims

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### Rationale for SIG

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### Proposed SIG Outcomes

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### Proposed SIG activities & potential funding requirement

|  |  |  |  |
| --- | --- | --- | --- |
| Details of activity | Frequency | Proposed Dates (if appiicable) | Costs |
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### Proposed SIG Communication and dissemination activities

|  |  |  |
| --- | --- | --- |
| Type of Communication | Frequency | Description |
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|  |  |  |
|  |  |  |
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### SIG Leader/co-leader signatures

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | Signature |  | Date |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

Please complete the appendix below before submitting your proposal.

### Appendix: SIG Membership - List the names of individuals who have expressed an interest in joining the SIG

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # | Name | Email | Affiliation/Institution | ASCILITE Member Y/N |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
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| 20 |  |  |  |  |