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| --- | --- |
| **NETWORK INCEPTION FORM** |  |

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| **BEFORE COMPLETING THIS FORM:**   * Read the parameters for operation * Read Icon’s current Strategic Plan |

**Proposed Network**

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|  |

**Network objective**

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**Relevance to Icon’s current Strategic Plan**

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|  |

**Relevant specialisms**

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|  |

**Personnel**

|  |  |  |
| --- | --- | --- |
|  | **Name** | **Committee role** |
| Proposer |  | Chair |
| Seconder |  |  |
|  |  |  |
|  |  |  |

**Support Required**

***Please mark with an “x”.***

|  |  |
| --- | --- |
| Web space |  |
| Admin support |  |
| Events budget[[1]](#footnote-1) |  |

1. If required, please submit Network Events Funding Application Form [↑](#footnote-ref-1)