

[Note to nominees:

PLEASE MAKE A COPY or DOWNLOAD this consent form template then delete this header and fill out with your own information as indicated below. Then save the document as a pdf and share it with your nominee who will then attach it to the nomination form.

All text in square brackets [] is only as a way of instruction, please delete and/or replace with information as appropriate.]

[Nominee's Full name,

Job title

City, Country

Date]

To AfricArXiv, Eider Africa, eLife, PREreview, and TCC Africa,

I have read the [Privacy Statement](#) and I consent to [name of the nominating person] nominating me as a suitable trainee and trainer for the Open Peer Reviewers in Africa workshop, and to them sharing my contact details and the information included in this letter, as required by the nomination process.

Should this nomination be successful and I be selected for the inaugural cohort of Open Peer Reviewers trainees to then become trainers, I commit to:

- Abide by the [Open Peer Reviewers in Africa Participation Guidelines](#) in all activities related to this workshop;
- Participate actively in 4 online-taught training sessions taking place each Thursday in April, 18:30-20:30 Eastern African Time/GMT+3, [find your local time](#));
- Complete required readings and coursework outside the taught sessions
- Offer reflections, feedback and suggestions on the course materials and delivery to help co-create content of future courses;
- Organize and deliver the full Open Peer Reviewers in Africa training to at least 10 scientists in my community by the end of August 31, 2022.

Motivation and experience (optional)

The nominee can describe briefly their motivation and experience relevant to this opportunity, with no more than 150 words.]

Demographic information (optional)

[Offering any demographic information is OPTIONAL. Feel free to leave it blank or delete it altogether. If provided, this information will NEVER be shared in association with your name and identifiable information outside of the Open Peer Reviewers in Africa organizing team, and will be solely used to measure our reach.]

Your gender: xxx

Languages you are fluent in: xxx

Do you consider yourself as disabled/having a disability/in need of accommodations in order to receive and deliver the training? Yes*/No]

*If your answer is yes but you would rather not include this information in this consent form, we invite you to contact us at community@elifesciences.org with any request of support should you be selected as a pilot trainee/trainer.

Nominee's signature: _____

Date: _____