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COMMUNITY ETHICS NETWORK

Proud Member of the Canadian Bioethics Society / Société canadienne de bioéthique

LETTER OF UNDERSTANDING - FOR MEMBER ORGANIZATIONS

As a member organization of the Community Ethics Network [hereby known as "the Network"], you understand the Network's role in assisting member organizations with developing internal ethics capacity and processes through collaboratively sharing tools, resources and experiences. Network members must agree to support and comply with the following Network expectations:

1. To agree to support and abide by the ***Code of Ethics for the Community Health and Support Sector.***
2. To agree with the terms stated in the Network's ***Terms of Reference.***
3. To agree with the terms stated in the Network's ***Terms of Website Use.***
4. To promote the development and use of an organizational plan or strategy fostering ethical practice within your organization and/or those you support, which may include the following, as appropriate:
   a. An ethics framework, including an ethics decision-making and review process, that will assist staff in identifying and dealing with ethical issues (e.g. the Community Ethics Toolkit, or an adaptation thereof, appropriately credited).
   b. A process to conduct client care ethics reviews with staff, where your organization provides services to clients.
   c. A designated Ethics Lead within your organization who will link with the Network, and to support them and their responsibilities in this role. The Lead's responsibilities include:
      i. Participating in the All Members meeting (usually annually).
      ii. Contributing to other Network initiatives as per your organization's resources allow – e.g. Steering Committee, Strategic Planning, Working Groups, Workshop planning.
      iii. Engaging in training and education related to ethics as per the organization's needs and availability. Being responsible for keeping your organization informed of the activities of the Network.
      iv. Where applicable, sharing de-identified client care ethics reviews from time to time with the Network to be included in the archive of sample ethical deliberation available to all members.
5. To contribute an annual membership fee of $400.00 (four hundred dollars)* payable every April annually.

Name of Organization: _____

Address: _____**Postal Code:** _____

Name of ED/CEO/Other: _____ **Position:** _____

Telephone: _____ **Email:** _____

Ethics Lead: _____Position: _____

Telephone: _____ Email: _____

Authorized / Delegate Signature: _____Date: _____

Please return your Letter of Understanding. to Suzanne Brunelle, c/o Community Ethics Network
E-mail: coordinator@communityethicsnetwork.ca
Annual membership payment: Cheque payable to Community Ethics Network or
Interac e-Transfer to cen.ethics@gmail.com (instructions included on the invoice)