**AFFILIATION DETAILS**

I wish to become an affiliated member of the ***Institute for Health Research*** and accept the obligations of this arrangement.

**Type of Affiliation**: [x]  Individual (single staff member)

 *(Please tick)* [ ]  Team (staff member with HDR students)

 [ ]  Group (several researchers working on a range of related projects)

**Staff Member Details**: Title:

 First name:

 Surname:

 School:

 Campus:

 Email address:

 Phone number:

**Names of other UNDA staff actively involved in your research**: (if a Team or Group affiliation is being requested).

1.
2.
3.

**Are you supervising HDR students?** [ ]  Yes [ ]  No

**Details of field of research**: ([Available here](http://www.abs.gov.au/Ausstats/abs%40.nsf/Latestproducts/6BB427AB9696C225CA2574180004463E?opendocument)) (*Please indicate the percentage if more than one*):

By signing this application, I acknowledge and agree to abide by the obligations as an affiliate of the IHR. *(See following page)*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your obligations**

As an affiliate of the IHR, you will need to agree to the following:

* Being listed on the IHR web site as an Affiliate of the Institute;
* Agree to seek funding for biostatisticial support where possible;
* Cite your affiliation to both your School and the IHR on any publication;
* Include IHR staff as a co-author on manuscripts as outlined on our authorship policy;
* Provide details of any publication and grant application;
* Participate in events and forums that may occur throughout the year.

*Please provide details based the template below to about yourself for the IHR web site*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Title and name** Degrees and professional affiliationsParagraph1: Details about your time at Notre Dame, your current professional role both at Notre Dame and elsewhere. . Paragraph 2: Details about your research and relevant employment history, any professional affiliations, your publication output and successful grant funding. Paragraph 3: Details of your current research interests and any involvement HDR student supervision at UNDA and elsewhere. Email: email addressPhone: UNDA phone number |  |  |

**Please email this completed form to:** **IHR@nd.edu.au**