

APPLICATION FOR ACHRI MEMBERSHIP

IMPORTANT: PLEASE REVIEW PRIOR TO APPLYING

- ACHRI invites applications for membership as a “Child Health & Wellness Researcher”. Prior to applying for membership, please review the [ACHRI Membership Guidelines](#).
- Applications requesting a dual membership (i.e., those seeking membership in ACHRI, while holding a full member status in another institute in the Cumming School of Medicine (CSM)) will be reviewed in accordance with the [CSM Policy on Dual Institute Membership](#). Approvals from the appropriate Department Head and Director of the other Institute must be provided as part of the application for ACHRI membership.
- All membership applications undergo a review by the ACHRI Leadership and ACHRI Program and Centre Directors. Reviews are completed on a monthly basis. Review outcomes are communicated directly to the applicant via email.

APPLICATION SUBMISSION CHECKLIST AND INSTRUCTIONS

THE FULL APPLICATION PACKAGE MUST INCLUDE:

- Completed Application for ACHRI Membership Form
- A copy of the applicant’s current CV
- Photo (colour, high-resolution, professional-looking)
- Other supporting documents (e.g., approvals for dual membership), if applicable

Please send the application package to research4kids@ucalgary.ca.

FOR ACHRI OFFICE USE ONLY

APPLICATION RECEIVED (DATE):

APPLICATION REVIEWED (DATE):

DECISION:

- MEMBERSHIP GRANTED MEMBERSHIP REFUSED

APPROVED FOR MEMBERSHIP TYPE:

- Child Health & Wellness Researcher
 Child Health & Wellness Researcher – New Investigator

APPROVED FOR PROGRAM:

- | | |
|--|---|
| <input type="checkbox"/> Precision Medicine & Disease Mechanisms | <input type="checkbox"/> Child Health Data Science |
| <input type="checkbox"/> Child Brain & Mental Health | <input type="checkbox"/> Care Transformation for Children |
| <input type="checkbox"/> Maternal & Child Health | <input type="checkbox"/> Childhood Cancer and Blood Disorders |
| <input type="checkbox"/> Healthy Children Families & Communities | |

NOTES/COMMENTS:

PERSONAL INFORMATION

LAST NAME:	FIRST NAME:
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TITLE: Dr. Mr. Mrs. Ms. Other:

CONTACT INFORMATION

EMAIL ADDRESS:	UCID:
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TELEPHONE (OFFICE):

ADDRESS – PRIMARY LOCATION: <input type="checkbox"/> FOOTHILLS CAMPUS <input type="checkbox"/> MAIN CAMPUS/ CDC <input type="checkbox"/> ALBERTA CHILDREN’S HOSPITAL <input type="checkbox"/> PETER LOUGHEED CENTRE <input type="checkbox"/> SOUTH HEALTH CAMPUS <input type="checkbox"/> OTHER	BUILDING:
	OFFICE NUMBER:
	MAILING ADDRESS:

LAB LOCATION (If applicable):	LAB TELEPHONE (If applicable):
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ADMINISTRATOR/ASSISTANT CONTACT

NAME:	TELEPHONE:
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EMAIL:	LOCATION (Building, Room Number):
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CURRENT ORGANIZATIONAL AFFILIATIONS Attach an additional page, if necessary

PRIMARY:

APPOINTMENT/POSITION:

FACULTY:

DEPARTMENT:

ORGANIZATION:

CURRENT ORGANIZATIONAL AFFILIATIONS (Continued) Attach an additional page, if necessary

SECONDARY:

APPOINTMENT/POSITION:

FACULTY:

DEPARTMENT:

ORGANIZATION:

INSTITUTE MEMBERSHIP DETAILS

MEMBERSHIP IN OTHER INSTITUTES OF THE CUMMING SCHOOL OF MEDICINE, UNIVERSITY OF CALGARY **Please check all that apply:**

- O'BRIEN INSTITUTE FOR PUBLIC HEALTH
- ARNIE CHARBONNEAU CANCER INSTITUTE (Full Membership Associate Membership)
- HOTCHKISS BRAIN INSTITUTE (Full Membership Associate Membership)
- LIBIN CARDIOVASCULAR INSTITUTE (Full Membership Associate Membership)
- McCAIG INSTITUTE FOR BONE AND JOINT HEALTH (Full Membership Associate Membership)
- SNYDER INSTITUTE OF INFECTION, IMMUNITY & INFLAMMATION (Full Membership Associate Membership)

ACHRI PROGRAM AFFILIATION REQUESTED **Please select a primary program (click on link for program description).**

- PRECISION MEDICINE & DISEASE MECHANISMS HEALTHY CHILDREN, FAMILIES & COMMUNITIES
- CHILD BRAIN & MENTAL HEALTH CARE TRANSFORMATION FOR CHILDREN
- MATERNAL & CHILD HEALTH CHILDHOOD CANCER & BLOOD DISORDERS
- CHILD HEALTH DATA SCIENCE

Would you like to receive communications from any of the other programs listed above?

RESEARCH INTERESTS

WITH WHICH CIHR PILLARS ARE YOU ALIGNED?

- PILLAR I: BASIC / BIOMEDICAL RESEARCH
- PILLAR II: APPLIED / CLINICAL RESEARCH
- PILLAR III: HEALTH SERVICE DELIVERY RESEARCH
- PILLAR IV: POPULATION / SOCIO-CULTURAL HEALTH / EPIDEMIOLOGY RESEARCH

RESEARCH INTERESTS (Continued)

SUMMARY OF RESEARCH Please provide a summary of your research, written for the non-specialist academic audience. This will be used to profile your program on the ACHRI website. 200 words maximum

PUBLICATIONS Please provide a link to your automatically updated publications list. Please set up your profile in the system/ database of your choice (e.g., PubMed, Google Scholar, Scopus) and provide the link below:

WEBSITE If you have a website that you would like linked to your ACHRI profile, please provide the web address:

KEYWORDS Please choose up to 5 keywords from the [ACHRI keywords](#) that best describe your research interests: (these keyword identify high-level research areas only – please describe your specific focus in the next section)

RATIONALE Please explain how your research is relevant to child health and ACHRI's priorities, and the reason why you wish to become a member of ACHRI (2-4 sentences max).

CURRENT RESEARCH PERSONNEL Please list your current personnel and trainees as well as their contact information. Attach an additional page if necessary.

Name	Position (e.g. MSc, PDF, Research Assistant)	Email Address

ACKNOWLEDGMENT Checking the box below is equivalent to signing this application

- I have read, understand and agree to the expectations of ACHRI membership. I agree that once I am granted membership with ACHRI I will be obligated to:
- a) provide an annual member report for the purpose of assessment of research productivity and performance;
 - b) comply with the expectations and obligations as described in the current [ACHRI Membership Guidelines](#)

DATE: