

APPLICATION FOR ACHRI MEMBERSHIP

IMPORTANT: PLEASE REVIEW PRIOR TO APPLYING

- Prior to applying for membership, please review the [ACHRI Membership Guidelines](#)
- All membership applications undergo a review by ACHRI and 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)

Please send the application package to r4k@ucalgary.ca.

Complete if you are:

A) CHILD HEALTH AND WELLNESS RESEARCHER with an ACADEMIC appointment at UCalgary and/or CLINICAL appointment through Alberta Health Services (see [ACHRI Membership Guidelines](#) section A).

PERSONAL INFORMATION

LAST NAME:

FIRST NAME:

UCID:

PRIMARY AFFILIATION

FACULTY / DEPARTMENT / ORGANIZATION:

CURRENT FACULTY RANK / POSITION:

START DATE of your first faculty position:

How much protected time do you currently have for research (percentage)? (e.g. <20%, between 40 and 50%, 80%, 100%, other)

SECONDARY AFFILIATION (if applicable)

(FACULTY / DEPARTMENT / ORGANIZATION):

CONTACT INFORMATION

MAILING ADDRESS (office number, building):

EMAIL ADDRESS:		OFFICE PHONE:
PERSONAL WEBSITE link (if applicable):		
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, PhD, Research Assistant)	EMAIL ADDRESS

Complete if you are: B) CHILD HEALTH AND WELLNESS RESEARCHER – COLLABORATOR (e.g. research nurses, coordinators, associates; program and project managers and directors; see ACHRI Membership Guidelines section B).	
PERSONAL INFORMATION	
LAST NAME:	FIRST NAME:
FACULTY / ORGANIZATION:	UCID (if applicable):
CONTACT INFORMATION	
MAILING ADDRESS (office number, building):	
EMAIL ADDRESS:	OFFICE PHONE:
PERSONAL WEBSITE link (if applicable):	

TO BE COMPLETED BY ALL APPLICANTS
ACHRI PROGRAM CHOICE
Please select a primary program (click on link for program description).

INSTITUTE MEMBERSHIP DETAILS (submit if applicable)MEMBERSHIP IN OTHER INSTITUTES OF THE CUMMING SCHOOL OF MEDICINE, UNIVERSITY OF CALGARY **Please check all that apply:**

- ☐ O'BRIEN INSTITUTE FOR POPULATION AND 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)

WITH WHICH CIHR PILLARS ARE YOU ALIGNED? (submit if applicable)

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

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 UCalgary website. 200 words maximum**KEYWORDS:** Please choose up to 5 keywords from the [ACHRI Keywords](#) that best describe your research interests**RATIONALE:** Please explain how your research is relevant to child health and ACHRI's priorities and why you wish to become a member of ACHRI. 200 words maximum**PUBLICATIONS:** Please provide a link to your automatically updated publications list.**SCOPUS ID** (submit if applicable):**OWERKO Centre:** Does your research align with the [Owerko Centre](#) mandate?If you're interested in becoming a member, please contact us at owerko.centre@ucalgary.ca

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 updated CV on an annual basis
- b) comply with the expectations and obligations as described in the current [ACHRI Membership Guidelines](#)

PRIVACY POLICY: Please read the [University of Calgary Privacy Policy](#) to understand how information is used and shared.

☐ I have read, understand and accept the policy.

DATE:

FOR ACHRI OFFICE USE ONLY

APPLICATION RECEIVED (DATE):

APPLICATION REVIEWED (DATE):

DECISION:

☐ MEMBERSHIP APPROVED ☐ MEMBERSHIP NOT APPROVED

APPROVED FOR MEMBERSHIP TYPE:

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

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: