

## 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](mailto: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:
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#### 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):
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#### CONTACT INFORMATION

MAILING ADDRESS (office number, building):
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EMAIL ADDRESS:		OFFICE PHONE:
PERSONAL WEBSITE link (if applicable):		
<b>CURRENT RESEARCH PERSONNEL</b> Please list your current personnel and trainees as well as their contact information. Attach an additional page if necessary.		
<b>NAME</b>	<b>POSITION</b> (e.g. MSc, PhD, Research Assistant)	<b>EMAIL ADDRESS</b>

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

## TO BE COMPLETED BY ALL APPLICANTS

### ACHRI PROGRAM DETAILS

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 ACHRI 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):

**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 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 - Support & Management

**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:**