



***Application for Community Affiliate Status with the
Institute on Aging & Lifelong Health***

PLEASE PROVIDE A CURRENT CV OR RESUME

Name of applicant: _____

Organization and position: _____

Area for volunteering: _____

Address (note home or work): _____

E-mail address: _____

Telephone #'s: _____

Main areas of interest in aging research and becoming an affiliate: _____

For administrative use only:

Discussed by IALH Advisory Board

Date: _____

Outcome:



***Application for Community Affiliate Status with the
Institute on Aging and Lifelong Health***

Personal statement:

I wish to become a Community Affiliate of the Institute on Aging & Lifelong Health (IALH) for a term of up to three years. I support the mission of the Institute, namely:

“The Institute on Aging & Lifelong Health supports research and training on lifelong processes that influence health and aging-related outcomes. Its growing mandate is to understand modifiable lifestyle and contextual elements that influence aging and health outcomes later in life.”

By becoming a Community Affiliate of IALH, I understand that I will have access to support for project development, collaboration with other researchers and community partners, and knowledge mobilization.

In becoming a Community Affiliate of IALH, I support the values and wish to contribute to the objectives of IALH by helping to: 1) add to the body of knowledge on aging and health; 2) provide a focus and direction to the University’s and region’s research activities in the area of aging and health; 3) facilitate communication and collaboration; 4) contribute to the training of skilled research personnel; 5) mobilize knowledge on aging and health; 6) promote the translation of research findings.

As an affiliate, I will adhere to all UVic and IALH policies including ethical principles in conducting and the dissemination of research.

I agree to actively participate in IALH activities and events. I agree to provide information about my aging and health-related activities to IALH as requested and fill out an annual survey. I consent to this information being included in IALH annual reports, newsletters, traditional and social media, and reports to funding bodies, as appropriate.

I agree to identify my affiliation with IALH whenever possible.

Signed: _____

Date: _____

If you have questions, for more information or to submit your application, please contact aging@uvic.ca or call 250-721-6369