



***Application for External Research Affiliate status with the
Institute on Aging & Lifelong Health***

PLEASE PROVIDE A CURRENT CV OR RESUME

Your name: _____

Qualifications: _____

Present position(s): _____

Work address: _____

E-mail address: _____

Telephone #'s: _____

Main areas of research interest and expertise: _____

Please provide an abbreviated current CV along with your application

For administrative use only:

Discussed by IALH Advisory Board Date: _____

Outcome: _____



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

Personal statement:

I wish to become an External Research 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 an External Research 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 addition, as a Research Affiliate, I can negotiate access for ongoing research support from IALH-trained personnel on a cost-recovery basis. Requests can be made to the director and finalized with the manager.

In becoming an External Research 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