APPLICATION FOR IALH AFFILIATION - UVIC FACULTY

University of Victoria
Institute on Aging
& Lifelong Health

First name: _____   Last name:_____

Department: _____

Research Interests: _____
_____
_____
_____

ORCID Identifier (if applicable):_____

We want to celebrate you! As part of our efforts to promote the work and achievements of our Research Fellows, we highlight research, projects, and academic milestones on our social media channels. Please provide your Twitter, Instagram, or Facebook handles if you are comfortable with us sharing your successes with the public

X/ Twitter handle (if applicable and you are willing to share it): _____

Instagram handle (if applicable and you are willing to share it): _____

Facebook profile (if applicable and you are willing to share it): _____

Are you active on a different social media platform? If so, what platform? _____

Why have you chosen to be affiliated with IALH?
_____
_____
_____
_____

Please refer to the document *Exclusive Benefits for IALH Affiliates.* This document identifies several supports IALH is able to offer our Research Fellows. Please identify any other supports you would like to have (if/as IALH resources permit).
_____
_____
_____

In general, would you be willing to give presentations (e.g., lecture, workshop) to:

a) ☐ UVic faculty

b) ☐ UVic postdocs and graduate students

c) ☐ UVic undergraduate students

d) ☐ Community-based health and/or aging focused organizations

e) ☐ General public

f) ☐ Other (specify): _____

Do you have any undergraduate students, graduate students, or postdocs who wish to become affiliated with the Institute on Aging and Lifelong Health? If yes, please provide their name(s) and e-mail(s).

Name: _____ E-mail: _____

Name: _____ E-mail: _____

Name: _____ E-mail: _____

Are there UVic faculty members that you regularly collaborate with that you think should be invited to be an IALH affiliate? If yes, please provide their contact information (name, department, phone number, e-mail).

Name: _____ Department: _____

Phone: _____ E-mail: _____

Name: _____ Department: _____

Phone: _____ E-mail: _____

Name: _____ Department: _____

Phone: _____ E-mail: _____

May we share your contact information with other IALH affiliates in an effort to increase collaborative opportunities?

a) ☐ Yes

b) ☐ No

Any other input or comments you would like to provide?

_____

_____

_____

Please return the completed form to:
IALH@uvic.ca

Questions?
Please feel free to contact us at IALH@uvic.ca if you have any questions.