



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

Please check one:	<input type="checkbox"/> undergraduate student	<input type="checkbox"/> graduate student
Name of applicant:	<hr/>	
Qualifications:	<hr/> <hr/>	
Supervisor/Advisor/Instructor:	<hr/>	
Area of study:	<hr/> <hr/> <hr/> <hr/>	
Degree & Unit:	<hr/>	
E-mail address:	<hr/>	
Telephone #'s:	<hr/>	
Main areas of research interest and expertise:	<hr/> <hr/> <hr/> <hr/>	

**For administrative use only:**

Discussed by IALH Advisory Board	Date: <hr/>
Outcome:	
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Completed by: <hr/>	



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

**Personal statement:**

I wish to become a Student 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 Student 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 Student 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](mailto:aging@uvic.ca) or call 250-721-6369