APPLICATION FOR IALH AFFILIATION - EXTERNAL



| Name: | ORCID Identifier (optional): |
|--|---|
| Organization: | |
| Please answer the following questions based Institute on Aging and Lifelong Health (IALH) | on your activities and anticipated involvement with the . |
| Social Profiles (if public and you would like to | connect): |
| Instagram: | Bluesky: |
| Facebook: | LinkedIn: |
| Why would you like to be affiliated with IALH | (in two-three sentences)? |
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| What types of IALH events would you be inte | rested in attending? Check all that apply. |
| presentations by new or visiting research | ers (including international researchers) |
| presentations by IALH Research Affiliates | regarding current research activities |
| webinars or other online presentations o other (specify) | n various topics |
| Would you be willing to give presentations (e | e.g., lectures, workshops, etc.) to: |
| UVic post-doctoral fellows, graduate, or u | undergraduate students |

Community-Based organizations focusing on aging and/or lifelong health

the general public

| How would you and/or your organization like to engage with IALH? Check all that apply. | |
|--|--|
| identification of new research projects | |
| formal partner/collaborator on research projects of mutual interest (e.g., contributing to grant | |
| applications, serving on advisory and/or working groups) | |
| research assistance (e.g., participant recruitment, dissemination of findings) | |
| financial and/or in-kind support for research projects of mutual interest | |
| financial support for undergraduate/graduate student awards | |
| financial support for post-doctoral fellow awards | |
| other (specify) | |
| Are you the primary contact for your organization regarding the above noted initiatives? | |
| yes no – please provide name of appropriate contact: | |
| yes no presse promachama or appropriate contacti | |
| Do you have collaborators at UVic that you think should be an IALH affiliate? If yes, please provide their contact information (name, department, e-mail): | |
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| | |
| May we share your contact information with IALH affiliates to facilitate collaboration? yes no | |
| Do you have other input or comments? | |
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Please return the completed form to: Dr. Dylan Cutler, Research Manager IALHResearch@uvic.ca Questions?
Feel free to contact us at IALHResearch@uvic.ca.