

# APPLICATION FOR IALH AFFILIATION - UVIC STUDENT



University  
of Victoria  
Institute on Aging  
& Lifelong Health

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Department: \_\_\_\_\_

Research Interests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you a/an:

- a) ☐ Undergraduate Student – Year \_\_\_\_\_
- b) ☐ Masters Student – Year \_\_\_\_\_
- c) ☐ Doctoral Student – Year \_\_\_\_\_
- d) ☐ Other (Specify) \_\_\_\_\_

Who is your current supervisor/mentor? \_\_\_\_\_

ORCID Identifier (if applicable): \_\_\_\_\_

We like to celebrate our Student Affiliates' successes by sharing your research on our social media channels. Please provide your handles for X (formerly Twitter), Instagram, or Facebook 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 name (if applicable and you are willing to share it): \_\_\_\_\_

Why have you chosen to be affiliated with IALH? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

In general, what types of IALH events would you be interested in attending?

- a) ☐ Presentations by new or visiting researchers (including international researchers)
- b) ☐ Presentations on current research activities by IALH faculty affiliates
- c) ☐ Presentations on current research activities by IALH student affiliates
- d) ☐ Presentations on funding opportunities
- e) ☐ Workshops on various topics
- f) ☐ Other (specify) \_\_\_\_\_

Please indicate if you are interested in gaining additional knowledge and experience regarding aging and lifelong health through any of the following types of activities:

- a) ☐ STRIDE
- b) ☐ Paid research assistant position
- c) ☐ Volunteer research assistant position
- d) ☐ Volunteer at IALH events
- e) ☐ Other (specify) \_\_\_\_\_

May we share your contact information with other IALH affiliates (e.g., faculty, postdocs, students) in an effort to increase collaborative opportunities?

- a) ☐ Yes
- b) ☐ No

Any other input or comments you would like to provide?

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

### Questions?

Please feel free to contact us at [IALH@uvic.ca](mailto:IALH@uvic.ca) if you have any questions.