

# AIMSS Membership Application Form

To be completed by applicants for Project Director or Affiliate Membership. Completed application forms need to be sent to [contact@aimss.org.au](mailto:contact@aimss.org.au) for initial assessment. Applications will be assessed by the AIMSS Management Committee.

Submit this form along with:

- A recent version of your CV
- An attached list or relevant publications

## Applicant details

Application for:  Project Director  Affiliate Member

Name: \_\_\_\_\_

Address (institution): \_\_\_\_\_

Phone (institution): \_\_\_\_\_

Email (institution): \_\_\_\_\_

## Academic Qualifications

List your most relevant qualifications

Qualification: \_\_\_\_\_

Institution: \_\_\_\_\_ Year: \_\_\_\_\_

Qualification: \_\_\_\_\_

Institution: \_\_\_\_\_ Year: \_\_\_\_\_

## Research Activity

Type of research activities undertaken:

Biomedical

Translational

Imaging

Population Studies

Clinical (i.e. clinical trials, epidemiology, allied health, etc.)

Other (please specify): \_\_\_\_\_

Attach your 5 most relevant publications to this application.

## Supervision

Students/trainees supervised in the last 5 years (please specify Degree obtained/to be obtained):

Student name: \_\_\_\_\_

Degree: \_\_\_\_\_ Year: \_\_\_\_\_

Student name: \_\_\_\_\_

Degree: \_\_\_\_\_ Year: \_\_\_\_\_

If more than 2 students/trainees supervised – attach a list of supervised students with the application.

## Expression of Interest

Please select (X) one or several of the following research programs at AIMSS:

- |  |  |
|--|--|
| <input type="checkbox"/> Ageing (biomedical and translational) | <input type="checkbox"/> Joints (biomedical and translational)   |
| <input type="checkbox"/> Ageing (clinical sciences)            | <input type="checkbox"/> Joints (imaging)  |
| <input type="checkbox"/> Bone (biomedical and translational)   | <input type="checkbox"/> Joints (clinical sciences)  |
| <input type="checkbox"/> Bone (imaging)                        | <input type="checkbox"/> Population health (musculoskeletal research)  |
| <input type="checkbox"/> Osteoporosis (clinical sciences)      | <input type="checkbox"/> Allied Health Professional (musculoskeletal research) includes nursing, physiotherapy, occupational therapy, and dietician. |
| <input type="checkbox"/> Muscle (biomedical and translational) | <input type="checkbox"/> Musculoskeletal research in children and adolescents  |
| <input type="checkbox"/> Muscle (imaging)                      |  |
| <input type="checkbox"/> Sarcopenia (clinical sciences)        |  |

What have been the most notable achievements in your academic career?

Click or tap here to enter text.

Describe the key project(s) that you are planning to develop at AIMSS?

Click or tap here to enter text.

Specify how your project(s) fit within the different elements of the BITE Model?

Basic Sciences:

Click or tap here to enter text.

Investigation/Identification:

Click or tap here to enter text.

Translation/Therapeutics:

Click or tap here to enter text.

Education:

Click or tap here to enter text.

How will this Membership assist you in the furtherance of your academic career?

Click or tap here to enter text.

## Declaration & signatures

### Applicant declaration

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you are applying to Project Director, are you aware that you (or your trainees) should spend at least 25% of their time at AIMSS or at one of Western Health affiliated Hospitals?

### Certification by Head of Department

To be completed by the Head of Department at the candidate's local Institution.

I certify that I reviewed and support this application. I authorise this Candidate (or their trainees) to perform up to 25% of their research activities associated with this project at AIMSS or at a Western Health affiliated Hospital.

Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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