



MEMBERSHIP APPLICATION FORM

Applicant:	
Application to:	Program Director <input type="checkbox"/> Project Director <input type="checkbox"/> In-training <input type="checkbox"/>
Address (Institutional):	
Contact Details Phone: Email:	
Academic Qualifications: Institution where degree was conferred: Year conferred:	
Type of research activities:	Biomedical <input type="checkbox"/> Imaging <input type="checkbox"/> Clinical (i.e. clinical trials, epidemiology, allied health, etc.) <input type="checkbox"/> Population studies <input type="checkbox"/> Translational <input type="checkbox"/> Other <input type="checkbox"/> Please specify _____
Please list your 5 more relevant publications in the last 5 years:	
Students/trainees supervised in the last 5 years (please specify Degree obtained/to be obtained):	

Please select (X) one or several of the following research programs at AIMSS:	
Ageing (biomedical and translational)	
Ageing (clinical sciences)	
Bone (biomedical and translational)	
Bone (imaging)	
Osteoporosis (clinical sciences)	
Muscle (biomedical and translational)	
Muscle (imaging)	
Sarcopenia (clinical sciences)	
Joints (biomedical and translational)	
Joints (imaging)	
Joints (clinical sciences)	
Population health (musculoskeletal research)	
Allied Health Professional (musculoskeletal research) includes nursing, physiotherapy, occupational therapy, and dietician.	
Musculoskeletal research in children and adolescents	

EXPRESSION OF INTEREST - SPECIFIC QUESTIONS

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?

If yes, please click here

- 1. What have been the most notable achievements in your academic career**
- 2. Describe the key project(s) that you are planning to develop at AIMSS?**
- 3. Specify how your project(s) fit within the different elements of the BITE Model ((Basic sciences, Investigation/Identification, Translation/Therapeutics, Education)?**

Basic sciences;

Investigation/identification:

Translation/Therapeutics:

Education:

- 4. How will this Membership assist you in the furtherance of your academic career?**

REQUIRED ATTACHMENT

The following supporting document must be submitted with the application form

CV and publications

DECLARATIONS AND SIGNATURES

Applicant

Signature

Date

Name

Certification by Head of Department at the Candidate's local Institution

I certify that I reviewed and support this application. I authorise this Candidate (or his/her trainees) to perform up to 25% of his research activities associated with this project at AIMSS or at one of Western Health affiliated Hospitals.

Signature

Date

Name

Department

END OF DOCUMENT