## Section 1 - Individuals

<table>
<thead>
<tr>
<th>Title</th>
<th>Given Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname</td>
<td></td>
</tr>
</tbody>
</table>

**Gender**  
 M/F (circle one)

**Email**

**Phone (business hours)**

**Mobile (if appropriate)**

**Highest academic qualification** (tick one)

- Undergraduate degree (or equivalent)
- Masters (or equivalent)
- PhD (or equivalent)
- Other (please specify)

**Main profession**

- University Researcher
- Institute Researcher
- General Practitioner
- Nurse Professional
- Manager / Administration
- Student (PhD)
- Allied Health Professional (please specify)
- Other Health Professional (please specify)
- Specialist Clinician (please specify)
- Other (please specify)

**Main place of work**

<table>
<thead>
<tr>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postal address</td>
</tr>
</tbody>
</table>

**State**  
 Postcode

**Your position**

**Industry sector** (tick one)

- Research Institute / Organisation
- University
- Public Sector Health Service
- Industry Organisation
- Private Sector Health Service
- Community Organisation
- Philanthropic Organisation
- Other (please specify)

**Research interests**

Which IHMRI research themes are of most interest to you? (choose up to three; 1 = of most interest)

- Cancer Continuum
- Healthy Ageing
- Infectious Diseases
- Metabolic Conditions
- Neuroscience and Mental Health
- Human Genetics
- Primary Care and Rural Health
- Nutrition
- Population Health

Are you currently involved in health or medical research? If Yes, please list your research area(s)

**Membership type**

Please indicate your preferred type of membership (see ‘Membership information’ for details)

- Associate
- Collaborator (national)
- Member
- Collaborator (international)

**Research groups**

If you wish to register as a Member or Collaborator, please select the IHMRI research group(s) you wish to join (choose up to 3)

- Cancer Continuum
- Healthy Ageing
- Infectious Diseases
- Metabolic Conditions
- Neuroscience and Mental Health
- *Human Genetics
- Primary Care and Rural Health
- *Nutrition
- Population Health
- *Other (please specify)

* These are cross-cutting themes that work across the six main IHMRI themes

† Use this option if none of the above themes adequately match your research area, and you would like to be linked with other researchers in your area of interest if possible.

Please proceed to Section 3.
### Section 2 - Organisations

If you are registering as an organisation for Associate membership, please complete the following.

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Postal address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

State: [ ] [ ] [ ] [ ] [ ]  Postcode: [ ] [ ] [ ] [ ] [ ]

**Industry sector** (tick one)

- Research Institute / Organisation
- University
- Public Sector Health Service
- Industry Organisation
- Private Sector Health Service
- Community Organisation
- Philanthropic Organisation
- Other (please specify): [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**Contact person**

Please provide contact details for the primary contact person in your organisation.

<table>
<thead>
<tr>
<th>Title</th>
<th>Given Name</th>
<th>Surname</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Gender: [ ] M / [ ] F (circle one)

Position: [ ] [ ] [ ] [ ]

Email: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Phone (business hours): [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Mobile (if appropriate): [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**Research interests**

Please number up to three of the IHMRI research themes below, to show their order of relevance to your organisation (1 = most relevant)

- Cancer Continuum
- Infectious Diseases
- Metabolic Conditions
- Neuroscience and Mental Health
- Human Genetics
- Primary Care and Rural Health
- Nutrition
- Population Health

### Section 3 - Privacy Statement and Signature

I understand that the purpose of the IHMRI Research Network is to facilitate collaboration between participants, therefore I agree that IHMRI may share my name, profession, research interests and email contact with other registered participants of the Network. I understand that IHMRI will not use or pass on my information for commercial purposes. (Privacy Policy available at [ihmri.uow.edu.au](https://www.ihmri.uow.edu.au))

Signed: [ ] [ ] [ ] [ ] [ ] [ ] [ ]  Print name: [ ] [ ] [ ] [ ] [ ] [ ] [ ] Date: [ ] / [ ] / [ ]

### Once complete, please detach and submit:

via mail:  Illawarra Health and Medical Research Institute  University of Wollongong Campus, Northfields Ave  Wollongong, NSW 2522

via fax:  (02) 4221 8130

scan and email:  ihmri-admin@uow.edu.au