

## MEMBERSHIP APPLICATION

Please complete the fields below and email a scanned copy to: repadd@flinders.edu.au

A. Applicant Det	ails					
Title:			First name:			
Indicate how you would like your name listed publicly on our website (if different from above)						
Last name: First name:						
Role title:		Academic rank (if applicable):				
University/Organisation:		College/Facul	lty:	Department/Division:		
Area of profession (G allied health, consume translation):		Area of practice (primary care, aged care, paediatrics):				
B. RePaDD Theme Alignment. RePaDD has three research themes: Palliative care across the health system, death and dying across the community, and online evidence and translation. Please select the research theme/s you would like to participate in, with the understanding that you are expected to contribute to RePaDD's target metrics and meaningfully participate in the themes chosen.						
Palliative care across the health system		Death and dying across the community		Online evidence and translation		
Please proceed to the following section for:  C. Full or associate membership  D. Affiliate membership  E. HDR student membership  F. Centre Contributor						





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C. Application for Full or Associate Membership (include a separate attachment if the space below is not sufficient)									
Named on one or more research grants administered by the Flinders     University									
Funding bo	ody	Project Title		Amount	Your role				
		,							
	1 / 1/1		41 > 41						
<ol><li>Published (either as main or co-author) three or more recent research publications that are aligned with RePaDD's research areas</li></ol>									
Year	T	ype Title		Publication					
2 Suponio	od opo o	r moro roo	ont UDD stude	nto to comi	alation in an area				
•			rch themes.	ins to comp	oletion in an area				
Name of stu		Course	Academic	Thesis title					
realite of student		OGGIGG	Institution		Thouse date				
			· · · · · · · · · · · · · · · · · · ·		of your CV and a				
one-pag	e summa	ry that sup	ports your app	lication alo	ng with this form.				
C Applicat	ion for l	IDD Ctude	nt Marcharabi	n Applicat	ata mujuat la au				
E. Applicat	ion for F	iDK Stude	nt Membershi	<b>p</b> . Applicar	its must be:				
• Fnro	lled as a	n HDR stud	dent undertakir	ng a Master	s or Doctorate degree				
<ul> <li>Enrolled as an HDR student undertaking a Masters or Doctorate degree on a part-time or full-time basis</li> </ul>									
Studying a research topic aligned with RePaDD research themes.									
Supervised by at least one full or associate RePaDD member									
· ·		,							
Course	Load	Thesis Title		Supervisors					





## MEMBERSHIP APPLICATION

Date

F.	<ul> <li>Application for Centre Contributor. Submit a copy of your CV, this form, and a one-page summary that highlights whether you fit:</li> <li>Professionals (facilitates the research activity of the Centre and those who actively contribute to the Centre's relevant research areas in a professional capacity)</li> <li>Community (external to Flinders University and have an interest in the activities of the Centre)</li> </ul>						
G.	G. Communications Consent. Do you consent to receive electronic communication and notices from RePaDD? This includes: news, blogs, funding announcements, resources, events, and support from RePaDD and other partner organisations. RePaDD collects and uses your details as outlined in the Flinders University Privacy Policy. To unsubscribe, please email repadd@flinders.edu.au						
	_Yes, I consent	No, I do not consent					
Н.	I. Agreement						
I agree to abide by the conditions of RePaDD membership I confirm that the information provided in this form is true and correct I have provided a copy of my CV with this application (where applicable) I have attached additional supporting documentation (where applicable)							



Signature