

THRI MEMBERSHIP APPLICATION FORM

To apply, individuals should complete the form and send to THRI@westernsydney.edu.au

The application will be considered by the THRI executive and assessed against the Membership Criteria using the form and the applicant's research activity over the preceding three years. The applicant will be formally advised as to the success of the application.

PERSONAL DETAILS

Title Family Name Given Name

Academic Unit (School or Institute)

Staff ID Number Preferred Email

Are you registered as a Graduate Supervisor? Yes No

Are you an early career researcher? Yes No

How did you hear about THRI membership?

RESEARCH AREAS OF INTEREST

Which THRI themes do you fit into?

Preventing and Managing Chronic Disease	Health and Wellness Across the Lifespan	Diagnostics and Therapeutics
Health, Culture and Society	Mental Health and Wellbeing	All themes (i.e. cross-cutting)

Describe your research and how you see it contributing to THRI themes:

List up to six **Fields of Research codes** (6 digits) that reflect your research outputs

CURRENT RESEARCH COLLABORATIONS

Please list your current research collaborations:

Western Sydney University (e.g. Research Centres or Groups; researchers; staff)

External Partners / Industry

APPROVALS

Applicant

I declare that I believe the above information to be accurate and agree to abide by the expectations of THRI members should this application be accepted.

Signature

Date

(dd/mm/yyyy)

Dean of School / Director of Research / Director of Research Institute

Name

Signature

Date

(dd/mm/yyyy)

THRI Director

I, _____, agree to the registration of the Applicant as a member of THRI and agree that the Applicant will have access to THRI support and facilities commensurate with the Applicant's commitment to and performance for THRI.

Signature

Date

(dd/mm/yyyy)

OFFICE USE ONLY

Entered in Database