**New HRI Member Application Form**

|  |  |
| --- | --- |
| **Date:**  |  |
| **First Name:**  |  |
| **Last Name:**  |  |
| **Title: *(delete as appropriate)*** | Prof/ Dr / Mr / Ms |
| **Job title:**  |  |
| **Institute / Dept/ Centre/ Affiliate Organisation/ Other:**  |  |
| **Faculty:**  |  |
| **Room No. and Building:**  |  |
| **Email:**  |  |
| **Work Tel:**  |  |

1. Please tick appropriate box to indicate your primary research focus in relation to the themes of the HRI:
	* Lifestyle & Health 🞎 Health Technologies
	* Health Service Delivery 🞎 Public and Patient Involvement
2. Please indicate the type of membership you wish to apply for: \*
(\* please refer to membership criteria attached)

	* **FULL**Full-time, Permanent, Academic members of staff of the University of Limerick.
	* **POSTGRADUATE AND POSTDOCTORAL** Please tick one of the following:🞏 Postgraduate
	🞏 Postdoctoral
	🞏 Research assistant
	 -whose supervisors are HRI Full Members at the University of Limerick
	* **AFFILIATE**

Active health researchers, who are members of UL-affiliated health organisations.

1. If you are applying for Postgraduate or Postdoctoral membership, please note the name of your supervisor or PI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Please include the following with this completed application form:

(a) A cover letter demonstrating how you fulfill the membership criteria, including end-date of your contract (if applicable); and

(b) Your current Curriculum Vitae.

|  |
| --- |
| **TO SUBMIT APPLICATION – please note: One pdf file - with** * + - * **Completed application form**
* **Cover letter**
* **Curriculum Vitae**

 **should be emailed to** **HRI@ul.ie** **- thank you.** *\*\*Please also tick YES or NO to the privacy statement below\*\**  |

**Data Protection:** We will process any personal data provided by you in accordance with our privacy statement available at: [hri-privacy-statement](https://www.ul.ie/hri/hri-privacy-statement).

As part of your HRI membership, we would like to send you information on events, training, workshops and funding opportunities.

* + YES - I am happy for the HRI to contact me as outlined above.
	+ NO - I do not wish to be contacted by the HRI as outlined above.