**New HRI Member Application Form**

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| **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.

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| **TO SUBMIT APPLICATION – please note:  One pdf file - with**   * + - * **Completed application form** * **Cover letter** * **Curriculum Vitae**   **should be emailed to** [**HRI@ul.ie**](mailto: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.