



CENTRE OF RESEARCH
EXCELLENCE TO ACCELERATE
**INNOVATION AND
TRANSLATION
IN STROKE TRIALS**

Research Affiliate Nomination Form

Family Name:		Given Name:	
Best contact address:			
Phone:		Fax:	Mobile:
Email:			
Qualifications / Academic Background:			
CRE Workstream/Theme/ Main interests:			
Project(s) Summary:			
Current institution:			
Supervisor:			

Mentors:									
Attach detailed CV									
Other comments									
Nominated by:		Name:							
Signature:					Date:				
Office use only:									
Form received				Date:					
Acknowledgement email sent				Date:					

Please email/send to:

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