A logo for a company

Description automatically generated

**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:**  **CRE Grant Holder** | **Name:** |  | |
| **Signature:** | | | **Date:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office use only:**  Form received Date:  Acknowledgement email sent Date: | | | | | |
|  |  |  |  |  |  |

***Please email/send to:***

Program Manager

CRE *To Accelerate Stroke Trial Innovation and Translation*

Westmead Applied Research Centre

Block K, level 5

Westmead Hospital (C24)

University of Sydney

NSW2006

Stroke Trials CRE [stroke-trials.cre@sydney.edu.au](mailto:stroke-trials.cre@sydney.edu.au)