

**Research Affiliate Nomination Form**

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| **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** |

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

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

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

Program Manager

CRE *To Accelerate Stroke Trial Innovation and Translation*

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NSW2006

Stroke Trials CRE stroke-trials.cre@sydney.edu.au