

## ASSOCIATE INVESTIGATOR MEMBERSHIP APPLICATION

### APPLICANT INFORMATION

Title:	Full Name:	Qualifications:
Email:		Phone:
Job Title:		Department:
Company / Institution:		
Work Address, City, Postcode:		
Other Affiliations:		
Web links:		
Ethnic Group(s) and/or iwi affiliation if applicable		
		<input type="checkbox"/> Mātaurangi Māori researcher?

### BACKGROUND (REQUIRED)

*In 100 words or less, please briefly describe your area(s) of research and how it relates to objectives of the MedTech CoRE. Upon becoming an AI your information will be made available on the CoRE website.*

## ASSOCIATE INVESTIGATOR MEMBERSHIP APPLICATION

**Relevant MedTech CoRE Theme(s)** – *please select all that apply*

- |  |   |
|--|---|
| <input type="checkbox"/> T1 Diagnostics & Therapeutics                   | <input type="checkbox"/> T2 Interventional Technologies     |
| <input type="checkbox"/> T3 Assistive Technologies                       | <input type="checkbox"/> T4 Telehealth & Health Informatics |
| <input type="checkbox"/> T5 Tissue Engineering for Regenerative Medicine |   |

### CV

*Please attach your CV in standard MBIE format (template available).*

- CV Attached

### PHOTO

*Please provide a current, high resolution profile photo (JPEG format, preferably 500 x 500 pxl)*

- Current Photo Attached     Photo available online at

### DECLARATION

I would like to apply for membership as an Associate Investigator of the MedTech CoRE.

Signature of applicant:

Date:

**Save and email your completed form to [medtechcore@auckland.ac.nz](mailto:medtechcore@auckland.ac.nz).**