



**CHILDREN'S HOSPITAL RESEARCH INSTITUTE OF MANITOBA**  
**Membership Application**

PART A: APPLICANT INFORMATION							
Last Name:	Phone:						
First Name:	Email:						
Degree(s) Held (check all that apply): <input type="checkbox"/> MD <input type="checkbox"/> PhD <input type="checkbox"/> Other (specify)							
Department(s):							
Mailing Address:							
Research Area/Expertise:							
Percentage of Time Spent in Research:    %	Percentage of Time Spent in Clinical Practice:    %						
Current CIHR Academic CV Attached: <input type="checkbox"/> Yes							
PART B: MEMBERSHIP CATEGORY							
<input type="radio"/>	<table border="1"> <tr> <td><b>Scientist</b></td> <td>Applicant has an academic appointment at a Manitoba university and a research interest linked to child health.</td> </tr> <tr> <td><input type="radio"/></td> <td> <table border="1"> <tr> <td><b>Visiting Scientist</b></td> <td>Applicant holds an academic appointment outside of Manitoba with a research interest linked to child health; on assignment or sabbatical in Manitoba and hosted by a current CHRIM Member (give name below).</td> </tr> </table> </td> </tr> </table>	<b>Scientist</b>	Applicant has an academic appointment at a Manitoba university and a research interest linked to child health.	<input type="radio"/>	<table border="1"> <tr> <td><b>Visiting Scientist</b></td> <td>Applicant holds an academic appointment outside of Manitoba with a research interest linked to child health; on assignment or sabbatical in Manitoba and hosted by a current CHRIM Member (give name below).</td> </tr> </table>	<b>Visiting Scientist</b>	Applicant holds an academic appointment outside of Manitoba with a research interest linked to child health; on assignment or sabbatical in Manitoba and hosted by a current CHRIM Member (give name below).
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Were you invited to apply by a current CHRIM Member? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If Yes, give name							
Are you a New Investigator (within six years of your first academic appointment)? <input type="checkbox"/> Yes <input type="checkbox"/> No							
PART C: TERMS OF MEMBERSHIP							
<p>1. Your application indicates agreement to the following (please check to indicate your agreement):</p> <ul style="list-style-type: none"> <li>• Submit and maintain a Researcher Profile online at <a href="http://chrim.ca">chrim.ca</a></li> <li>• Submit an introductory research blog for posting at <a href="http://chrim.ca">chrim.ca</a></li> <li>• Present an introductory talk at CHRIM Research Rounds</li> <li>• Attendance and participation at weekly Research Rounds, as scheduled duties permit</li> </ul>							
<p>2. Members are required to participate in a minimum of two the following activities each year. Please check the boxes (minimum 2) indicating the activities in which you would be willing to participate in the next year:</p> <ul style="list-style-type: none"> <li>• Teddy Bears Picnic (volunteer) - last Sunday in May</li> <li>• Child Health Research Day (poster judge) – beginning of October</li> <li>• Small Grant Review Panel – February and October</li> <li>• Operating Grant Review Panel – Spring</li> <li>• Mentorship Committee (CHRIM New Investigator Mentorship Program)</li> <li>• Research Rounds Committee (Organizes weekly Rounds schedule)</li> <li>• CHRIM Board of Directors or Board Committees</li> </ul>							

**PART D: RESEARCH INTERESTS AND AFFILIATION WITH CHILD HEALTH**

In the space below, give an overview (250 words or less) of your research interests as they pertain to the improvement of child health. Indicate previous or ongoing collaborations with current or past CHRIM Members.

**PART E: AREAS OF EXPERTISE AND ANTICIPATED CONTRIBUTIONS**

In the space below, indicate briefly (250 words or less) what knowledge, expertise and resources (e.g. specialized technologies or equipment) you would bring to the CHRIM research community that would help fulfill the mission and vision of the Institute.

**PART F: REQUIRED SIGNATURE**

By signing below, you agree to participate in activities and submit/contribute the required information as noted in the Terms of Membership. Your signature also indicated a commitment to the Mission, Vision and Values of CHRIM.

Signature:	Date:
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**OUR MISSION, VISION AND VALUES****MISSION**

*The mission of the Children's Hospital Research Institute of Manitoba is to improve the health of infants, children, youth, maternal health and society by creating an environment that attracts and retains the best scientists and clinicians. As a leading voice and recognized advocate for excellence in research, the development and application of treatments and cures will lead to improvements in child health.*

**VISION**

*The vision of the Children's Hospital Research Institute of Manitoba is to be a leading contributor of science and knowledge through discoveries. The institute will improve the quality of life for infants, children, youth and maternal health within the community, both within Manitoba and beyond.*

**VALUES**

- *Knowledge, Innovation, Integrity and Involvement – of our research community.*
- *Strength and Effectiveness – of partnerships with the broader health care community (special attention to our partners in Manitoba)*
- *Dedication – as an unwavering expectation of staff at CHRIM*
- *Support – of donors through the Children's Hospital Foundation.*
- *Excellence – as a standard in child health research and care*