



## APPLICATION FOR AFFILIATION FORM

<b>Title</b>	<b>Surname</b>	<b>First Name</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Email</b>	<b>Phone</b>
<input type="text"/>	<input type="text"/>

<b>Appointment:</b>	<b>Institution/s:</b>
<input type="text"/>	<input type="text"/>

Please outline your area of research in plain language (maximum of 100 words).

- I have read the criteria for membership on the CRE-PCS website.
- I have included a brief CV listing publications and grants from the last five years with my application.

Signature of Applicant	Name (please print)	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

### **CRE-PCS Chief Investigator Certification**

Signature of CRE-PCS CI	Name (please print)	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

On completion send your application and a copy of your brief CV listing publications and grants from the last five years to:

Email: [enquiries@prostatecancersurvivorship.org.au](mailto:enquiries@prostatecancersurvivorship.org.au)

Mail: Ms Fiona Williams, CRE-PCS, G05 2.44, Gold Coast campus QLD 4222

Your application will be considered by the CRE-PCS Research Stream Leaders and you will be notified of the outcome.