



## CMHR – Mentor Application

Collaborative Program in Musculoskeletal Health Research

**Please complete the following information and email with your TriCouncil CV to CMHRuwo@uwo.ca.**

<b>Mentor Data:</b>			
University Rank:	Professor	Associate Professor	Assistant Professor
Grad Studies Supervisory Status:	Active	Non-Active	Pending
Grad Studies Status Type Check all that apply	Master's	Doctoral	Other (indicate below)
<b>Mentor Information:</b>			
Family Name: _____	Given Name(s): _____		
Office Phone Number _____	Fax Number _____	Lab Phone Number _____	
Email Address _____			
Indicate your primary and additional departmental affiliations: _____			
Departmental/School/Hospital Affiliations:			
Primary Appointment: _____	Additional Appointment: _____		
Additional Appointment: _____	Additional Appointment: _____		
Additional Appointment: _____	Additional Appointment: _____		
Identify with which Theme(s) your research program aligns:			
<b>Theme 1:</b> Basic biological and biomedical			
<b>Theme 2:</b> Physical sciences and engineering			
<b>Theme 3:</b> Clinical, health services and community health			
<b>Theme 4:</b> Health services and social, cultural, environmental and population health			
<b>Brief Research Program Statement:</b>			
Provide a brief statement regarding your research program for use on the CMHR Website – Mentor's Page			

**Research Publications:**

Include your most recent publications listing, to be posted on the CMHR website. These publications should represent the transdisciplinary nature of your research.