Alberta Health Services
Glenrose Rehabilitation Hospital

Healthy Albertans.
Healthy Communities
Together.

Research Affiliate Application/Renewal Form

Principal investigators who are not employees of EZ-Alberta Health Services but require access to Glenrose Rehabilitation Hospital (GRH) resources (including property, equipment, patients, staff, or data) for their research must apply for research affiliate status with GRH. Applicants must hold an academic affiliation and must be able to apply for and hold research funding through their academic institution. Please complete the application form and submit it, along with an up-to-date CV, photo (jpg file format) and Consent Form to grhresearch@ahs.ca.

Date of Application

Name
(name with degrees as you wish them to be shown)

Contact Information Phone:	Personal Web Site Address (if applicable):
E-mail:	Mailing Address:

Academic Appointment(s)

(example: Associate Professor, Department of Pediatrics, University of Alberta
Clinical Head, Pediatric Rehabilitation, Glenrose Rehabilitation Hospital
Research Affiliate, Glenrose Rehabilitation Hospital

Photo Usage (please check one)

- ☐ YES, you may use this photo for the Glenrose website and in Glenrose research print materials.
- ☐ YES, you may use this photo for the Glenrose website ONLY.
- ☐ YES, you may use this photo for Glenrose Research print materials ONLY.
- ☐ NO, I do not wish to supply any photos for either the Glenrose website or any Glenrose research print materials.
- ☐ Please contact me to discuss the use of photos for Glenrose research.

Education

Institution	Degree	Year

Research Interests

➢

List of Keywords:
(Keywords that you would expect someone who was searching for you and/or your research on the internet would find you under)

Biosketch
(research focus, current activities, future directions, successes – 15 lines maximum)

Clinical or Policy Implications of Your Research

Inspiration/Vision Statement
(2-3 lines maximum)

Recent Publications
(Maximum of 5, in order of preference to be added to profile as there may be space limitations. Try to reflect the breadth and depth of your research).

Research Group Profile
(Are you part of a research group? If so, provide the name of the group, members and their affiliation (including all academic, clinical, community and industry partners. Focus on the research group, its current activities, future directions and successes to date).

NOTE: Please attach a current photo of yourself in (.jpg file format) to your email when returning this form.
Please complete Consent Form on next page.

Thank you!

Alberta Health Services

Consent To Collect, Use, and Disclose Stories, Photos and/or Video and Sound Recordings

Important - Complete this form when a photo, audio, video or written recording is needed for media, promotions, publications, education, presentations and other similar purposes.

Name of Individual being recorded				
Address	City/Town	Prov	Postal Code	Phone Number
Name of Individual giving consent *(Individual or Authorized Representative)* ☐ Self			Source of Representative's Authority *(Attach a copy of the document which authorizes you)*	

Type of recording *(check all that apply)*

- ☐ Video Recordings *(with or without sound)*
- ☐ Interviews/Writing/Stories/Narratives
- ☐ Still/Digital Photographs
- ☐ Sound Recordings
- ☐ Use of Individual's first and last name for accrediting
- ☐ Other, specify _____

Scope of Use or Disclosure ☐ Internal only ☐ Both internal and external to AHS

Purpose of collection and disclosure

- ☐ Media Release/Interviews
- ☐ Promotions
- ☐ AHS Education
- ☐ AHS Publications
- ☐ AHS or Hospital Presentations/Displays
- ☐ AHS Website
- ☐ Quality Improvement
- ☐ Quality and Patient Safety Reporting
- ☐ Social Media
- ☐ Other, specify _____

Name of person or group the recording, story or photo is being shared with
(For example "The General Public", "Research Papers", "AHS Website")

_____

- I authorize Alberta Health Services (AHS) to record me and/or take my photo and use them in communications about AHS programs and services. I understand there are many ways of sharing communication, including printed and electronic methods. I understand that the recording or photo may be shared with a range of people and groups.
- I authorize AHS to use my name, address and telephone number to contact me about this consent.
- I understand why these recordings and/or photos are being taken and how they may be used. I know that there are risks and benefits to giving this consent. I know that I can stop this consent at any time by informing AHS in writing.
- I understand that AHS cannot control information once it has been shared outside of AHS. I understand that if I ask AHS to stop using my recordings and/or photos it will only stop *additional* use of those recordings and/or photos after the date my request is received by AHS.
- I agree to release and discharge AHS and those that AHS is responsible for at law from the responsibility and liability of the content and claims for the printed/electronic communication where my information was used. I confirm that this release and discharge shall be binding upon my heirs, executors, administrators and assigns.

Date consent is effective *(dd-Mon-yyyy)*	Expiry date *(dd-Mon-yyyy)* ☐ None
Signature of Individual/Authorized representative giving consent	Date *(dd-Mon-yyyy)*

Witness: I watched the Individual giving consent sign the consent form *(witness must be at least 18 years of age)*

Name	Signature	Date *(dd-Mon-yyyy)*

The information on this form, together with any record authorizing a representative to act on behalf on the individual, is being collected under section 22 (3) and 23 of the Health Information Act and/or section 33(c) of the Freedom of Information and Protection of Privacy Act for the purpose of recording consent to the disclosure of health information and/or personal information in the specified recording. Information collected on this form will be retained in the client file. For questions about the collection of your information please contact the Communications Advisor working with you, or email story.hub@ahs.ca.