# Affiliated Investigator Appointment Application at Vancouver Coastal Health Research Institute (VCHRI)

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| --- | --- |
| Name |  |
| Institution/Faculty/Department |  |
| Academic Rank |  |

**I understand and agree to the following terms and conditions (please mark [x]  for each one) required for conducting research at Vancouver Coastal Health (VCH):**

[ ]  My Institution, named above, has a Research Affiliation Agreement with VCH with respect to mutual recognition of intellectual property rights, scholarly integrity and ethical practices for conducting research.

[ ]  As an Affiliated Investigator, I will appropriately reflect the research activities for projects at VCH sites on research funding forms at my institution (e.g. UBC RPIF, SFU Research Funding Application Signature Sheet).

[ ]  My research is related to health or health care.

[ ]  As an Affiliated Investigator at VCHRI I am accountable to the Executive Director, VCHRI, for my research activities within VCH.

[ ]  There is no implied financial obligation, in salary, infrastructure or research support, on the part of VCHRI or VCH.

[ ]  As a VCHRI Affiliated Investigator, I am not eligible for VCHRI internal grants or awards.

[ ]  This appointment will be reviewed every five years and will remain in effect as long as I remain a member of my Institution’s faculty and maintain good standing with VCH.

[ ]  This appointment can be revoked on review at the decision of the Executive Director, VCHRI and at any time in the event of contravention of ethical guidelines or terms specified in the “Approval to Conduct Research at VCH.”

[ ]  As a VCHRI Affiliated Investigator, I must collaborate with a VCHRI investigator or VCH staff member on research conducted at a VCH site and/or with VCH patients/clients/staff.

[ ]  VCH is to be recognized in publications and presentations arising from research conducted within the VCH organization.

[ ]  Each research study must be approved by an appropriate Research Ethics Board (acceptable to VCHRI) and other relevant regulatory body(ies), and must have received “Approval to Conduct Research at VCH.”

**I have attached the following with this form:**

[ ]  A letter to the Executive Director, VCHRI, briefly describing my research program and requesting this appointment

[ ]  A letter of support from my Dean, Head of School or Department Head

[ ]  A copy of my academic CV

By signing this form, I confirm that I have read and agree to abide by all the parameters set out in the Research Affiliation agreement between VCH and my Institution named above.

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| **(Applicant) Name** | **Date** |
|  |  |
| **Signature** |  |

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| --- | --- |
|  |  |
| **(Witness) Name** | **Date** |
|  |  |
| **Signature** |  |

Complete this form and email it along with all required documents to melissa.bonanascimento@vch.ca