

# Associate Investigator Membership Application Form

Overseen by the eviDent Foundation Board, eviDent dental practice based research network is an exciting initiative of the Australian Dental Association Victorian Branch Inc and the Oral Health Cooperative Research Centre. eviDent aims to encourage relationships between practitioners and academic researchers. By building research capacity to produce and use evidence, eviDent facilitates and supports dental practices to produce and disseminate evidence which can translate into practice and inform policy. eviDent is committed to addressing issues of importance and relevance to ADAVB members, industry and research institutions.

## What is an Associate Investigator?

Associate Investigators are eviDent dental practice based research network (DPBRN) members who are registered and practising dentists and have 'intellectual input into the research and whose participation warrants inclusion of their name on publications'<sup>1</sup>.

## Member Eligibility

eviDent accepts Associate Investigator applications from all registered dentists and specialist practitioners working in a private practice, community health or other setting and who are members of the Australian Dental Association Victorian Branch (as the single member of the eviDent Foundation). While the eviDent DPBRN may extend to other States in the future, it is currently restricted to practitioners registered and practising in Victoria. All Associate Investigators will be required to complete eviDent's minimum training requirements before participating in a research project. Before completing this form, please consider the impact your membership and participation in a research project might have on your practice<sup>2</sup>.

## Membership Details

- membership is free
- confidentiality will be maintained as your details will be kept only on our database and will not be distributed to other organizations without your permission

## Benefits

- opportunity for involvement at all stages of the research process
- ongoing access to research training and expertise as well as other development opportunities available through the Melbourne Dental School or University of Melbourne
- regular e-bulletins and invitations to attend networking events
- access to a 'members' only' section of the DPBRN website

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<sup>1</sup> NHMRC Project Grants Advice and Instructions to Applicants for funding commencing in 2010  
[http://www.nhmrc.gov.au/grants/apply/projects/\\_files/Advice%20and%20Instructions%20to%20Applicants%20for%20funding%20commencing%20in%202010.pdf](http://www.nhmrc.gov.au/grants/apply/projects/_files/Advice%20and%20Instructions%20to%20Applicants%20for%20funding%20commencing%20in%202010.pdf)

<sup>2</sup> Internet access, a well organized recall system, the commitment and support of your practice team

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- education of the wider oral health profession through seminars, workshops and conference presentations
- establishment of interdisciplinary networks for projects that address the relationship between oral and general health e.g. diabetic patient needs
- opportunity to bring research findings into effect more rapidly
- opportunity to influence policy
- continuing professional development credit via initial training, study group participation, publication of research articles, presentations (lecture/ posters) of research, peer-review activities etc
- opportunity to suggest and develop research projects relevant to your daily practice

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## Personal Information

Title:  Dr  A/Prof  Prof  Mr  Ms  Other [please specify] .....

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Practice Address: \_\_\_\_\_

preferred mailing address  
 Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Address: \_\_\_\_\_

preferred mailing address  
 Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Practice Phone: ( ) \_\_\_\_\_ Mobile: \_\_\_\_\_

Practice Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

## Research Information

To help us build a picture of our members' research experience, please complete the following:

### 1. Qualifications

Name of Course/ degree/ training/ fellowship	Educational Institution & Country	Year awarded	Standard abbreviation

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## 2. Research Experience

Have you ever:

- presented a research talk?  Yes  No
- attended a research conference?  Yes  No
- written a journal research paper?  Yes  No
- developed a research poster?  Yes  No
- participated in a peer review project?  Yes  No

If yes, please describe:

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## 3. Grant applications

Have you been a named investigator on a research grant application?

- Yes  No

If yes, please describe:

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## 4. Research Projects

How many research projects have you been involved in during the last two (2) years (if any)? \_\_\_\_\_

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## 5. Areas of interest

Please describe your research interest/ what you would like to research:

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## 6. Permission

I hereby grant permission to the eviDent DPBRN to publish my name on a list of network participants on the eviDent website and in other printed material about the network.

Yes     No

## 7. Declaration

I declare that:

- a. I undertake to comply with eviDent's policies and directives and all relevant legislation. I understand that failure to do so could lead to the possibility of termination of membership from both eviDent and the ADAVB;
- b. I undertake to complete eviDent's minimum training requirements prior to participating in a research project;
- c. I will obtain the permission of the practice owner(s)/ controlling entity to conduct research within my place of work for the purpose of eviDent projects, prior to participating in an eviDent project.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

The Executive Officer may contact you for more information.

Please send your completed application form to:

**Meaghan Quinn, eviDent Executive Officer**    Tel: 03 8825 4603

**Fax:** 03 8825 4644

**Post:** PO Box 9015, SOUTH YARRA, VIC, 3141

**Email:** [ask@evident.net.au](mailto:ask@evident.net.au)