

Research Affiliate Membership 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 eviDent Research Affiliate?

eviDent Research Affiliates include retired dental professionals, practice managers, dental hygienists, dental therapists, dental prosthetists, oral health therapists, dental assistants and others who do not want 'hands-on' involvement with an eviDent project, but would like to contribute to eviDent research.

eviDent Research Affiliates voluntarily respond to eviDent surveys and participate in retrospective studies by allowing members of eviDent project teams to attend their practice and collect relevant data.

Membership Details

- membership is free
- confidentiality is maintained as data collected will be kept only on the eviDent database and will not be distributed to other organisations without permission

Benefits

- opportunity for involvement in research, without being 'hands-on'
- regular e-bulletins and invitations to attend professional networking events
- access to project information and results
- access to a 'members' only' section of the eviDent website
- opportunity to bring research findings into effect more rapidly
- opportunity to influence policy
- continuing professional development opportunities
- opportunity to suggest and develop research projects

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Personal Information

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

First Name: _____

Surname: _____

Position: Practice Manager Dental Assistant Dental Hygienist
 Dental Therapist Oral Health Therapist Dental Prosthetist
 Retired Other [please specify]

Email: _____

Phone: () _____ Mobile: _____

Fax: () _____

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Declaration

I declare that:

- a. I undertake to comply with eviDent's policies, directives and all relevant legislation. I understand that failure to do so could lead to the possibility of termination of membership from eviDent;
- b. I will work with the project team and abide by the relevant project consent forms when participating in an eviDent project;
- c. (Where applicable) I have the permission of the practice owner(s) to allow eviDent researchers access to data from my practice.

Signature: _____

Name: _____ Date: _____

The **eviDent** DPBRN Executive Officer may contact you for more information.

Please send your completed application form to:

eviDent DPBRN Executive Officer Tel: 03 8825 4603

Fax: 03 8825 4644

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

Email: ask@evident.net.au

C/o ADAVB, Level 3, 10 Yarra Street, South Yarra, Vic, 3141

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