Please complete all applicable sections below and return the form to the ARDeNt Secretariat.

| **NETWORK Membership FORM** |
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| **PERSONAL Information** |
| Name: [Please capitalize SURNAME / FAMILY NAME / LAST NAME] | Salutation: Click to select … |
| Date of Birth: [dd/mm/yyyy] | Sex: [ ]  Male [ ]  Female | Mobile Phone: Click to type |
| Phone: Click to type | Fax: Click to type | E-mail: Click to type |
| Home Address: Click to type |
| City: Click to type | State: Click to type | Postal or ZIP Code: Click to type |
| Country: Click to select … | Education: Click to select | NRIC: [Or Passport No.] |
| **CURRENT Employment**  |
| Current Employer: Click to type | Since: [yyyy] |
| Office Phone: Click to type | Office Fax: Click to type | Office E-mail: Click to type |
| Office Address: Click to type |
| City: Click to type | State: Click to type | Postal or ZIP Code: Click to type |
| Country: Click to select … | Current Position: Click to type | Concurrent Position: Click to type |
| **PAST Employment** |
| Previous Employer 1: Click to type | Period: [yyyy - yyyy] |
| Country: Click to select … | Status: [ ]  Full-time [ ]  Part-time | Last Position: Click to type |
| Previous Employer 2: Click to type | Period: [yyyy - yyyy] |
| Country: Click to select … | Status: [ ]  Full-time [ ]  Part-time  | Last Position: Click to type |
| **CURRENT AFFILIATION** |
| Organization 1: Click to type | Position: [Title, yyyy - yyyy]  |
| Type: Click to select … | Status: Click to select  | Since: [yyyy] |
| Organization 2: Click to type | Position: [Title, yyyy - yyyy] |
| Type: Click to select … | Status: Click to select  | Since: [yyyy] |
| Organization 3: Click to type | Position: [Title, yyyy - yyyy] |
| Type: Click to select … | Status: Click to select  | Since: [yyyy] |
| **MAJOR R&D ACTIVITIES**Note: Please list three (3) latest research projects (whether on-going or completed) where you play a significant role. |
| Title of Project 1: Click to type | Period: [yyyy - yyyy] |
| Funding Agency: Click to type | Project No./ID: Click to type |
| Grant Type: Click to select  | Funding Source: Click to select | Role: Click to select  |
| Part of a Larger Project: [ ]  Yes [ ]  No | If Yes, Title of Larger Project: Click to type |
| Title of Project 2: Click to type | Period: [yyyy - yyyy] |
| Funding Agency: Click to type | Project No./ID: Click to type |
| Grant Type: Click to select | Funding Source: Click to select | Role: Click to select  |
| Part of a Larger Project: [ ]  Yes [ ]  No | If Yes, Title of Larger Project: Click to type |
| Title of Project 3: Click to type | Period: [yyyy - yyyy] |
| Funding Agency: Click to type | Project No./ID: Click to type |
| Grant Type: Click to select | Funding Source: Click to select | Role: Click to select  |
| Part of a Larger Project: [ ]  Yes [ ]  No | If Yes, Title of Larger Project: Click to type |
| **SELECTED PUBLICATIONS**Note: Please list three (3) recently published papers, book chapters, books or other reports that you have authored / co-authored. |
| 1. Click to type [APA / MLA / CMS / IEEE / ICMJE formats] |
| 2. Click to type [APA / MLA / CMS / IEEE / ICMJE formats] |
| 3. Click to type [APA / MLA / CMS / IEEE / ICMJE formats] |

| **NETWORK Membership FORM** |
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| **BACKGROUND** |
| Please write a short paragraph of background information about yourself, including your experience in ageing research and development.*Click here to type*Area(s) of Expertise / Specialization: [Please list your area(s) of expertise / specialization as separated by commas] |
| **AREA(S) OF INTEREST** |
| Social Gerontology | Medical Gerontology | Gerontechnology |
| [ ]  Population Ageing & Demography[ ]  Economics of Ageing[ ]  Older Workers & Employment[ ]  Silver-hair Industry & Older Consumers [ ]  Retirement & Financial Planning[ ]  Social Support & Families in Later Life[ ]  Intergenerational Relationships[ ]  Social Security & Social Protection[ ]  Lifelong Learning[ ]  Gerontology Education[ ]  Personality & Ageing[ ]  Gerotranscendence[ ]  Psycho-social Aspects of Ageing[ ]  Media, Communication & Ageing[ ]  Policy on Ageing[ ]  Senior Volunteerism & Social Work[ ]  Elder Abuse, Neglect & Maltreatment[ ]  Elder Law, Ageism & Age Discrimination | [ ]  Geriatric Medicine[ ]  Ageing-related Diseases[ ]  Genetic & Bio-molecular Ageing[ ]  Neurobiology of Ageing[ ]  Longevity Sciences[ ]  Nutrition for Older Persons[ ]  Oral and Dental Health[ ]  Pharmacology of Ageing[ ]  Drug and Substance Abuse[ ]  Gerontological Nursing[ ]  Mental Health & Psychogeriatrics[ ]  Alzheimer’s Disease[ ]  Rehabilitation & Ageing[ ]  Epidemiology of Ageing[ ]  Health & Social Care[ ]  Quality of Aged Care[ ]  End of Life & Palliative Care[ ]  Caregiver Support  | [ ]  Assistive Technology[ ]  Cybernetics, Domotics & Robotics[ ]  Inclusive & Universal Design[ ]  Product Design & Innovations[ ]  Anthropometry & Ergonomics[ ]  ICT & Ageing[ ]  Technology Adaptivity[ ]  Housing for the Elderly[ ]  Seniors Living[ ]  Mobility & Ageing[ ]  GIS & GPS for the Elderly[ ]  Environmental Gerontology[ ]  Elderly-friendly Environment[ ]  Gerontourism [ ]  Gero-Informatics[ ]  Assisted Living[ ]  Aged Care Facilities & Services[ ]  Public Spaces for Older Persons |
| **CONFIRMATION** |
| [ ]  I would like to join the Ageing Research and Development Network (ARDeNt) and hereby agree to receive e-mail communications and other information / promotional materials from the Secretariat. I understand that all the details provided in this form is strictly private and confidential, and the information will be entered into a database and stored securely in accordance to the Personal Data Protection Act 2010. The data provided will be used for the purposes of organizing, coordinating and administering R&D activities by the Malaysian Research Institute on Ageing (MyAgeingTM) and will not be shared, disclosed or sold to third parties. All employees who have access to the database and are associated with the handing of the data are obliged to respect the confidentiality of the information provided. |
| Your Signature:  | Date: [dd/mm/yyyy] |
| **OTHER INFORMATION AND DECLARATIONS**  |
| 1. I prefer to be contacted via: [ ]  Post (Click to select) [ ]  E-mail (Click to select) [ ]  Phone (Click to select)
2. I give permission for my name and preferred contact information to be shared with other registered members for networking purposes.
3. I confirm that there is no potential conflict of interest as a result of my membership in the network.
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Instructions:

1. Complete the Network Membership Form.
2. Append a copy of your CV (include list of research projects and publications) together with a passport-sized photograph.
3. Return the form and related documents electronically or by post to:

**Ageing Research and Development Network [ARDeNt]**
Malaysian Research Institute on Ageing
(previously the Institute of Gerontology)
Universiti Putra Malaysia
43400 UPM Serdang, Selangor, Malaysia
Tel.: 603-8947250 Fax: 603-89472744 E-mail: ardent.mria@gmail.com

1. Your registration will be acknowledged within a week via e-mail.