

Researcher Request Form

Community Engagement Request

If you are interested in engaging community members in your research, please complete all the relevant sections below and send the form to: **community@sahmri.com**

Section A: Your Contact Details

Name*

Position Title*

Organisation*

Phone Number*

Research/Project Group*

Which SAHMRI Theme are you affiliated with?

Email*

Section B: Details of the Position(s)

How would you like to engage community members in your research?

- Participating in a committee or advisory group (Please complete Section D)
- Meeting with your research team to talk about new research ideas
- Reviewing grant applications or other research documents
- Attending research lab meetings
- Giving feedback on the public messages about new research findings
- Providing advice about how research findings can be translated into clinical practice, policy or education
- Other (please specify) _____

No. of community members:

- 1 2 Other (Please specify) _____

Areas of experience or interest required of the community member(s):

- Aboriginal Health
- Ageing
- Cancer
- Child and Youth Health
- Databases and Registries
- Dementia, Parkinson's and Alzheimer's Disease
- Diabetes
- Heart and Vascular Health
- Infection and Immunity
- Mental Health
- Nutrition and Metabolism
- Population and Public Health
- Pregnancy and Birth
- Resilience and Wellbeing
- Other (Please specify) _____

Do you require the community member(s) to have any specific demographics? (e.g. age or ethnicity)

Please specify _____

* Denotes mandatory field

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How do you plan to select the community member(s)?

- Expression of interest
 Combination of both
 Interview
 Other (please specify) _____

Provide any other additional information that you think would be useful.

Section C: Community Member Support

For more information, please refer to SAHMRI's reimbursement and sitting fee policy [here](#).

Will the community member(s) be able to seek reimbursement for their time?

- Yes: Amount (per hour)? \$ _____
 No

Will the community member(s) be able to seek reimbursement for the following expenses?

- Public transport (to/from meeting) Yes No N/A
 Private vehicle transport (to/from meeting) Yes No N/A
 Car parking Yes No N/A
 Meal allowance Yes No N/A
 Accommodation Yes No N/A
 Other (please specify) _____

Is administrative support available? (e.g. hard-copy meeting materials)

- Yes No N/A

Are interpreter services available?

- Yes No N/A

SECTION D: Involving community members in committees or advisory groups

Please complete Section D if you are wanting to involve community members in a committee or advisory group

Term of appointment (e.g. 1-year) _____ Commencement date _____
 Frequency of the meetings: (e.g. monthly) _____ Location of meetings _____

What is the format of the meetings?

- Face-to-face
 Teleconference
 Combination of both
 Other (please specify) _____

Please give a brief overview of activities the community member(s) may be engaged in:

* Denotes mandatory field