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

| **NETWORK Membership FORM** | | | | |
| --- | --- | --- | --- | --- |
| **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. | | | |

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](mailto:ardent.mria@gmail.com)

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