

Registration Form

Community Interest Register

If you are a South Australian resident who has an interest in being involved in health and medical research and working towards better health outcomes for our community, we would be delighted to have you involved!

All personal information provided to us will remain confidential and will only be used to contact you about opportunities for engagement or to keep you informed about what's happening within SAHMRI and Health Translation SA. Further details about your right to access and correct your personal information, as well as your rights should you wish to make a complaint, are contained in the SAHMRI Privacy Policy. Our full Privacy Policy is available at: https://www.sahmriresearch.org/privacy-policy.

| ☐ I have read and understood the Privacy Policy and consent to the collection of my personal information for the Community Interest Register* | | |
|--|---|--|
| ☐ I am a South Australian resident* | | |
| About You | | |
| Given name* | Surname* | |
| Year of birth* | Email* | |
| Phone* (include area code) | Post code* | |
| Gender* □ Female □ Male □ I | Prefer not to say | |
| Your Interest and Experiences We are keen to know what community engagement opportunities you would like to be involved in and if you have any specific areas of interest or experience. This will help us identify community engagement opportunities that may be of most relevance to you. | | |
| What would you like to be involved in? (You can select multiple options) ☐ Strategic projects e.g. participating in workgroups to improve community engagement within health and medical research ☐ Research projects (e.g. helping inform research ideas) Please indicate specific area(s) of interest or experience: | | |
| □ Aboriginal Health □ Ageing □ Cancer □ Child and Youth Health □ Databases and Registries □ Other (Please specify) | □ 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 □ No Preference |
| ☐ I am happy to be contacted by the SAHMRI Communication team to participate in media stories about my area(s) of interest or experience | | |

* Denotes mandatory field







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Your feedback (optional) As the register is a new way of us connecting with community members we are keen to learn why you chose to register, how we can improve the registration process and the best way for us to engage with you in the future. We would appreciate you taking the time to complete the additional questions below. What is the main reason for registering your interest? (You can select multiple options) ☐ Sharing my personal experience of an illness or disease (including as a family member, friend or carer) ☐ General interest in health and medical research ☐ Other (Please specify) _ How did you hear about the register? (You can select multiple options) ☐ SAHMRI or Health Translation SA website ☐ SAHMRI TV screens ☐ SAHMRI public tour ☐ SAHMRI or Health Translation SA eNews ☐ SAHMRI or Health Translation SA event ☐ Social media ☐ Mainstream media (TV/Radio) ☐ Friend or colleague ☐ Other (Please specify) ____ Do you have any suggestions for how we can improve the registration process? What is your preferred way to hear about community engagement opportunities when they become available? (Please select one option only)

□ Newsletter

☐ Other (Please specify)___

* Denotes mandatory field





☐ Email

☐ Social media group