



Life Course Affiliate Nomination Form

Nominee	
Affiliation	
Contact details	Postal address: E-mail address: Phone number:
Have you been nominated by a Life Course Centre member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'yes', who nominated you?	
What are your current research interests?	
What are your future research interests?	
Why are you interested in becoming a Life Course Affiliate?	
I agree that my name and affiliation (not contact details) can be used in Life Course Centre promotion, including the listing of Life Course Affiliates in the Annual Report?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature	
Date	

Submission: Please submit this application form and a current CV to lcc@uq.edu.au

