



Queensland Anaesthetic Registrars' Research Collaborative

Member Application Form – please complete and return to info@qarrc.org

Personal Information:

Name: _____

Mobile Phone Number: _____

Add me to the QARRC Members WhatsApp Group (e.g. to contact and network with other QARRC Members): Yes No

Email Address: _____

Add me to the QARRC Member email list (e.g. to receive meeting information and project collaboration): Yes No

Add me to the QARRC Member Dropbox (e.g. to receive meeting information and project collaboration): Yes No

Add me to the shared contact list (e.g. including phone number and email on Dropbox for collaboration): Yes No

Level of training (e.g. Resident, IT, BT1, AT2, ATE, PF, consultant, other): _____

Rotation (e.g. northern, central, southern): _____

Hospital: _____

Reason for joining QARRC: _____

Research Experience:

Prior research experience: Yes No

Please give details (e.g. higher degree, please list projects involved in and role, publications, presentation, etc): _____

Name: _____

Signature: _____

Date: _____