**NC TraCS Research Ready Stakeholder Application**

**\*\*Application for stakeholders applying as an individual\*\***

Thank you for your interest in partnering with NC TraCS to become a Research Ready Stakeholder and help promote the health and well-being of North Carolinians!

Please complete the application below. An overview of the program, as well as instructions on how to complete the form below, are available at <http://go.unc.edu/rrs-overview>. If you have any questions as you are completing the application, please contact us at engagement.nctracs@unc.edu.

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1. **First name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Last name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Address (street, city, state, zip)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Phone number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. **Email address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. **Please describe your areas of health expertise and previous health research experiences.** *Please highlight any experience you have specifically related to the underrepresented populations, patient populations, and health priorities mentioned in the program's overview document.*
7. **Please describe how you would like to collaborate with health researchers as a Research Ready Stakeholder.** *Please include the exact types of services and expertise you are willing and able to provide.*
8. **Please describe your experience working with constituent communities in North Carolina.** *(E.g. the communities you represent, live in, or serve).*
9. **Please describe how you envision involving these constituent communities in your work as a Research Ready Stakeholder.**
10. **In the past 12 months, how many UNC research projects compensated you for feedback/collaboration as a research stakeholder (not as a research participant)? \_\_\_\_\_\_\_\_**

*Note: Research Ready Stakeholders are not required to have collaborated with or been compensated by UNC researchers in the past. Your answer to this question will only be used to help us evaluate the program, and will be not be considered as key criteria when reviewing your application.*

1. **Please provide contact information for three references whom we may contact.** *Include name, relationship to you, and best way to reach them. These references should be able to speak to your ability to serve as a health research stakeholder.*

**Reference 1:**

**Reference 2:**

**Reference 3:**

1. *All applicants must also join the NC TraCS Stakeholder Network by completing the brief interest survey found here:* [*http://go.unc.edu/stakeholder*](http://go.unc.edu/stakeholder)*. If you have not already done so, please complete this survey that will tell us more about your skills, needs, and capacity.* **Have you completed the NC TraCS Stakeholder Network Survey? \_\_\_\_\_ YES \_\_\_\_ NO**

**By signing below, I certify that the information provided in this application is true and complete to the best of my knowledge.**

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Signature Printed name Date

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**\*\*Please attach your current resume to this application\*\***

Please submit your application and resume via email to the NC TraCS Community Engagement Program at engagement.nctracs@unc.edu, or via postal mail at:

Community and Stakeholder Engagement Program: *Research Ready Stakeholder* Program

The North Carolina Translational and Clinical Sciences (NC TraCS) Institute

University of North Carolina at Chapel Hill

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