



Application for **Membership**

Competence Center **Sleep & Health Zurich (SHZ)**

Thank you your interest in our Center and your application for membership. Please e-mail the application form together with your CV and publication list to: martina.conti@usz.ch

Name:

First Name:

Title:

Institution:

Address:

Phone:

E-Mail:

Application for:

If you are applying for a junior membership:
Please indicate a supporting full member of the SHZ:

Affiliation with the University of Zurich / University Hospital Zurich:

I agree that the content provided in this form can be published on the SHZ Website.

Date:



1. General information

a. Your research group

Group leader:

Your current position:

b. Your research field(s)

Basic sleep research - Preclinical

Basic sleep research - Human

Chronobiology

Clinical sleep research

New technologies, applied research

c. Do you have third party funding?

Yes

No

If yes, please indicate the main funding agencies:



2. Your scientific interests and technical expertise

Please specify your main scientific interests.

What are the questions driving your research?

Your primary methodological expertise:



3. Synergies with other research groups in sleep research and chronobiology

a. Your collaborations with other research groups in Zurich:

b. Your collaborations with other research groups in Switzerland: