**CKB Data Access System Registration Form**



Please use this form to complete the researcher registration for the CKB Data Access System

Fields marked \* are mandatory.

**Basic Information**

|  |  |
| --- | --- |
| Title \* | (eg Prof, Dr, Mr, Mrs, Ms) |
| First Name \* |  |
| Middle Name(s) |  |
| Last Name \* |  |
| E-mail Address \* |  |

**Professional Information**

|  |  |
| --- | --- |
| Job Title |  |
| Institute Name \* |  |
| Department \* |  |
| Address Line 1 \* |  |
| Address Line 2 |  |
| City / Town \* |  |
| County / Province (State) |  |
| Country \* |  |
| Postcode / Zip Code \* |  |
| Institute or Departmental Website |  |
| Institute Telephone Number \* |  |
| Direct Telephone Number  |  |
| What type of Institution is this? \* | *Choose one from:* *Academic; Charitable; Commercial; Governmental; Other.*  |

**Resume/CV**

Please provide the URL for your online biography and/or upload a copy of your CV.

|  |  |
| --- | --- |
| URL for Online Bio |  |
| Recent copy your CV | (DOC/DOCX / PDF document up to 10 MB) |

**Research profile**

|  |  |
| --- | --- |
| Please provide up to five relevant publication references. \* | *Please provide up to five relevant publications references. (Where applicable, PubMed reference number (PMID) is sufficient)* |
| Do you intend to involve collaborators from China? \* | *Choose one from:* *Yes, No, Unsure*  |
| Any further information or to comment on the registration process. (Maximum 500 words) | *Please use this box to provide any further information or to comment on the registration process. (Maximum 500 words)*  |

**Declaration**

|  |
| --- |
| I confirm that the information provided in this registration is correct and accurate to the best of my knowledge\* |[ ]
| I agree to my data being stored and held in accordance with our privacy policy \* |[ ]

|  |  |
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| Submit | Clear |