

ITCPR Collaboration Referral Form

Section 1: Referred Individual Details

Full Name: _____

Email Address: _____

Affiliation / Institution: _____

Field of Expertise: _____

Brief Summary of Proposed Contribution:

Section 2: ITCPR Internal Sponsor Details

Name: _____

Email Address: _____

Group / Department: _____

Position (e.g., Group Lead, Supervisor): _____

Reason for Referral:

Section 3: Additional Information (Optional)

Relevant Past Collaborations or Work (if any):

Supporting Documents (CV, Publications, etc.):

[Attach separately or provide links]

Email us at info@itcpr.org attaching this form, along with additional supporting documents.